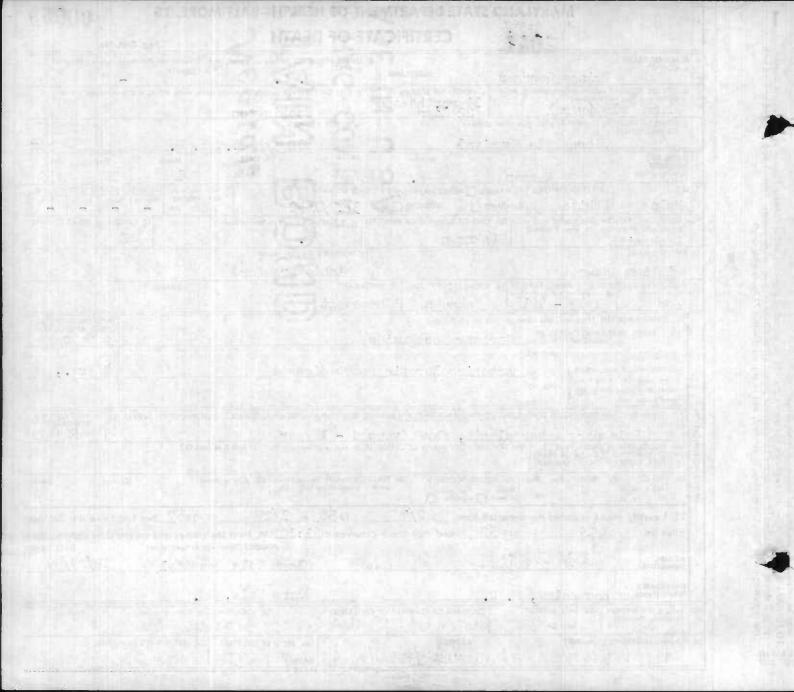
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VS A15 (4) 15M 10/57

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041	CERTIFICATE OF DEATH	
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			1	CERTIFI	CA	E OF DEAT			Reg. Dis	t. No.	
)	1. PLACE OF DEATH a. COUNTY	Prince Geo	rges	MARYLAN	- 11	USUAL RESIDENCE (Vo. STATE		b. COUNTY		e before	odmission)
	B. CITY OR TOWN ( RURAL and give n Glenn Dal		ls, write	c. LENGTH OF STAY IN 11 months a 22 days		c. CITY OR TOWN (I	f outside corpo		RURAL and g	ive near	est town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET ADDRESS			T-LA		IS RESIDENCE ON A FARM? YES NO TO
	3. NAME OF	Fir		Middle		Last	5th St	Moi Mo	- 1		
	(Type or print)	Her		E.			OF DEATH		nın	29	Year 19 59
	5. SEX			IED NEVER MARRIED	F1 B.	Adams DATE OF BIRTH		9. AGE (In years	IF UNDER I	-/	F UNDER 24 HRS.
	Male	White	WIDOWE			3/29/1892		last birthday)	Months (	Days	Hours Min.
	100. USUAL OCCUPATION	ON (Give kind of work	one 10b.	KIND OF BUSINESS OR IT	NDUSTR		te or foreign o			ZEN OF	WHAT COUNTRY
	Locksmith	king life, even if retired	U	nknown		Pa.			US	A	
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	William A	Adams				Minnie C	rawford				
	15. WAS DECEASED EVE (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	HVICE)	SOCIAL SECURITY NO. I		cedent		Add	fress		
	Conditions, if a gove rise to i cause (a), stating lying cause last.	the under-	Art	conary occlus	ic h			SE CONDITION GIVE	VFN IN PART	2 :	T AND DEATH days
2	Puli										
	20c. TIME OF INJUI Hour o. m. p. m.		20d. IN While of work	Not while	PLACI foctor	OF INJURY (Home, for y, street, office bldg., e	rm, 20f. (City	y or town)	(Ce	ounty)	(Stote)
	21. I certify the alive an	nat I attended the	decease 195	1-	eath a		OPM, frai		and an the		the deceased stated above DATE SIGNED
,	PHYSICIAN'S NAME (Type)	Moe Weiss,	м. г	)			nn Dale	•			
	220. BURIAL, CREMATIC PREMOVAL (Specify) 23. FUNERAL DIRECTOR	2/2/5	9	22c. NAME OF CEMETER OSt. 1 Column	who c	Mirgue	1	TION (Gity, town, TION (Gity,	or county) STRAR'S SIGN	).	(State)
	un u	Cus W.V.	telle	un Kale Bry	p (1	her lat party	FEB 4	59 0	lithung S.	Kine	4



ADDRESS

24a. REC'D BY REGISTRAR

Mary Tarre 19ATE

246. REGISTRAR'S SIGNATURE

Year

195

NO V

(State)

VS A15 (4)

23. FÜNERAL DIRECTOR'S SIGNATURE

Pumpate

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		Why Chen die		
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		T. A. V. C.		Enarmination (Section 1997)
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Marie Control of the	money a transfer of the			AND STREET

# FOR STATE HEALTH DEPT.

Page ssary, please ctar. Page your files. d of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nevers execute the credicate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be I factored to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to be brief, cremation, or removal, and in pury event within 72 hours after death. 99 K

Q 6 7 Q VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY O. COUNT	2. USUAL RESIDENCE (Where deposed lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
b. CITY ONTOWN (II outside corporate harts, write RUE)  C. LENGTH OF STAY IN The and give mores town)	c. CITY OR TOWN (If optade corporate limits, writer RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS  33/7 Soncer Drive  on A FARM?  YES NO NO
3. NAME OF DECEASED (Type or print)  One of print)  One of print of the print of th	with S- A DATE Month Day Year OF DEATH /- 19 1959
3. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4-15-82  9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUducing) most oldworking life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLOWN	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Goa Janson; serme address as #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	ngestive heart farling
CI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
TRIMARY LI OF CONTRIBUTING LI	(Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor Hour o. m. P. m. 19 Ot work of work	ACE OF INJURY (Home, form, clory, street, affice bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I taak charge af the remains described at	pave, held an Autapsy 🔲, (Inspection 🔀 (Inquiry 🔀 and in my
opinian death resulted fram: Natural causes . Accident	
SIGNATURE John Maloney	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S DOHN T. MALONELL,	M.D DEPUTY MEDICAL EXAMINER 1 1-19-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY CREMOVAL (Specify) 1/22/59 Ft. Lincol	
	11 to . Aver REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Francis Gasch's ons Hyattsville,	

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VS A15 (4) 15M 10/57

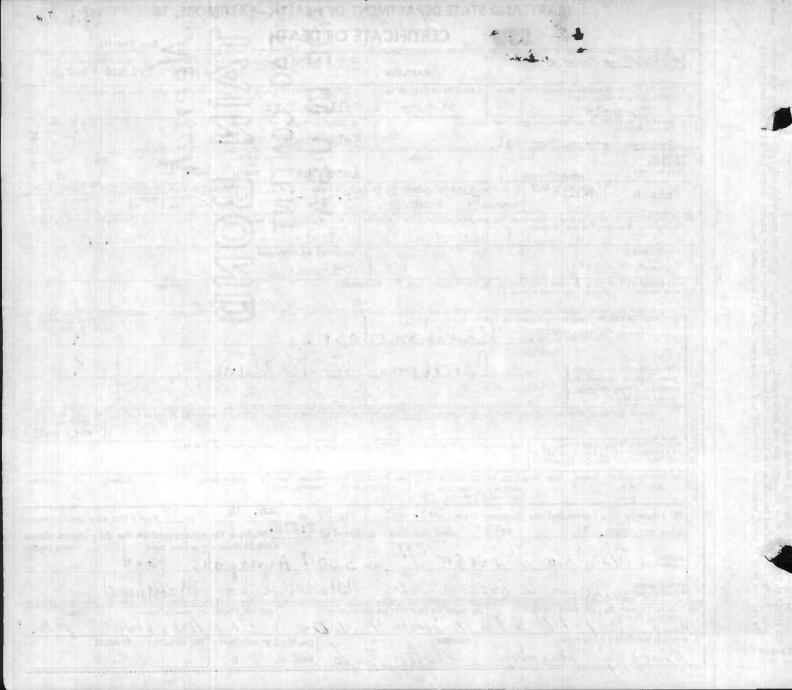
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7 FilmG238 2-13-59 et CERTIFICATE OF DEATH 979

00972

Reg. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION)  Prince George Hospital  NAME OF First DECEASED  (Type or print)	c. LENGTH OF STAY IN 16 23 Days oddress)	c. CITY OR TOWN (If or College Par)	utside corporote limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Prince George Hospital  NAME OF First DECEASED			k /4	
d. NAME OF HOSPITAL (IT not in hospital, give street OR INSTITUTION  Prince George Hospital  NAME OF DECEASED  First			1	
Prince George Hospital NAME OF DECEASED First				e. IS RESIDENCE
NAME OF DECEASED		5012 Blackf	oot Pl.	ON A FARM?
DECEASED	Middle	Last	T	
1 ozeburné	Middle	Anzelone	DEATH Jan. 14	19 59
SET emale 6. GOLGROS RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	8. Mar. 17 -188	9. AGE (In years I lost birthday) 76 yrs.	Months Days Hours Min.
<ul> <li>USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)</li> </ul>	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
and the state of t	Housewife	Italy		II.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Hoseph Lavalli		Unknown		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess
es. no or unknown) (If yes, give war or dates of service)		~	e as above	
In any and an and a		Dott Sam	उ यह वापण्ड	
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	rator (o), (b), and (c).	tosis		ONSET AND DEATH
154X DUE TO	1	of Ro	a D.	7
Conditions, if ony, which gove rise to immediate (b)	THE WAYNO	C of to	cum	
couse (a), stoting the under-				
lying couse lost. ) (c)		U		
PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. White p. m. 19 of wor	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		, 58 J	an. 14 10 59	
21. I certify that I attended the deceas				,that I last saw the deceased
alive an Jan 11, 195	Y, and that death		M, fram the causes ar	nd an the date stated above
ACTUAL William X/	seon till	cont n	nnapols	Poat
PHYSICIAN'S NAME (Type) WILLIAM DE RO	osson.MD.	Bladens	hurg Mas	yland
O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	r county) (Stote)
PERMOVAL (Specify) 1-17-59 FUNERAL DIRECTOR'S SIGNATURE	ST. SIMON	9 100e	BLA-IRS L BY REGISTRAR 246. REGIST	VILLA C PA. TRAR'S SIGNATURE



1042

### CERTIFICATE OF DEATH

-	7035		Keg. Dist. P	10.
1.	PLACE OF DEATH O. COUNTY SINGLE GERROR MARYLAND	2. USUAL RESIDENCE (Where de	coased lived. If institution: Residence be	efore admission)
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town)	.4	corporate limits, write RURAL and give	nearest town)
-	nen full	Jeneva	huf-O	4
L	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  DENCENT, ANNUL	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  ARY  First  Middle	ARD 4. DA		Day Year 19 59
	temale. White WIDOWED DIVORCED	8. DATE OF BIRTH Heb. 6-1876	9 AGE (In years lost birthday) Months Day	AR IF UNDER 24 HRS.  Hours Min.
L	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPDICE (State or fore	ign country) 12. CIFIZEN	OF WHAT COUNTRY?
L	Valliam H. Saines	14. MOTHER'S MAIDEN NAME	Blackshear	
)5.	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.	us why 92	Journa Oxon	Hillme
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause lost.	hant Frank		NTERVAL BETWEEN NSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I o	r Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fac p. m. 19 While of work at work	CE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	(City or tawn) (Count	y) (Stote)
	21. I certify that y attended the deceased from alive on 12, and that death ACTUAL SIGNATURE STONE PHYSICIAN'S PHYSICIAN'S PAME (Type) PAULA R JE MAR DUZZI		fram the causes and an the o SS (Street, city or town, state)	saw the deceased attention to the stated above DATE SIGNED
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)		QCATION (City, town, or county)	ala
23.	JEMLEET SERV. 300-4 94 95	Losh DATE	EGISTRAR 246. REGISTRAR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIR TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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	Barrier States Sec.	

TO HOSPITAL OR may be retained TO FUNERAL DIRE

VS A15 (4) 1SM 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

00974 Ren. Dist No

									wed. Di	DI. 170.		
1. PLACE OF DEATH	1		MARYL		o. STATE		,	lived. If instituti b. COUNTY		ce before	admission	n)
	ince Georges					y Yaya						
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, earest town)	write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOW	N (If outsi	ide corporo	te limits, write R	URAL ond	give neore:	st town)	
	verly		45 min.		Washing	ton	D.C	1 /	+ IX			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street o	ddress)		d. STREET ADDR	ESS					IS RESID	ARM?
Prince	Georges Gene	rel	Hospital		1236 10	+h	Stre	et N.W.		)	res 🔲	NO T
3. NAME OF DECEASED (Type or print)	First		Middle		Last	4.	OF DEATH	Mor	ith	Day	Yes	
	Eve			Bai	Ley		DEATH	Januar		19		59
S. SEX			ED NEVER MARRIED	3.2	DATE OF BIRTH		9	. AGE (in years lost birthdoy)	Months	Doys F	UNDER tours	24 HRS. Min.
Female	Nagro	VIDOWE	D DIVORCED		Sept 11.	191	1	}1)1 yrs.				
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work do king life, even if retired)	ne 10b. 1	CIND OF BUSINESS OR	INDUST		(Stole or I	foreign cou	intry)	12. CIT	IZEN OF	WHAT C	OUNTRY?
Domesti	C				Vina	inia			1	Inite	A St	2+40
13. FATHER'S NAME					14. MOTHER'S MA		4E			BALL DO	<u>uu</u>	1000
Joh	n Butler				Unkn	OWN						
	R IN U. S. ARMED FORCE	57 16. 5	OCIAL SECURITY NO.	17. INF	ORMANT			Add	ress			
(Yes no, or unknown)	Iff yes, give wor or dates of serv	ice)										
					Getteys	Rod 1		Common 7	ow los	ahan	2	
18. CAUSE OF DEA	ATH [Enter only one cous	e per line	e for (o), (b), and (c).]		-00000	- Comment		- CHILL OH - I		INTER	AL BETY	VEEN
					2 1		, .			QNSET	AND D	
-	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Mass	sive intrac	ereb	ral hemor	rhage	e (rt	· int.	luzqui	L¢)	Lh	our
33/X	DUE TO											
Conditions, if o	mar mikitak V	Food	ntial Hype	mt an	nion					0		
gove rise to i		DO Se	Merar Tabe	rten	STOIL					- 6	year	5
couse (o), stoting												
lying couse lost.	(c)_											
Z PART II OT		TIONS C	ONTRIBUTING TO DEAT	LI DIIT M	OT BELATED TO THE	TERMINIA	DICEACE	COMPUTANTON	(F) 1 1) 1 D 4 D	7.14.1/10	MAIAC AL	ITOREY
PART II. OTI	HER SIGNIFICANT CONDI	IIONS CO	ONTRIBUTING TO DEAT	n BUI N	OI RELATED TO THE	TERMINA	I DISEASE	CONDITION GIV	EN IN PAR		PERFORMES TO	MED?
200. ACCIDENT W	AS_UNDERLYING [] 2	Db. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter noture of init	ry in Port	Lor Port 1	l of item 18.1			- 71	
	MEDICAL EXAMINER)											
20c. TIME OF INJUS	Y Month, Day, Year	20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home	form,	20f. (City o	or town)	10	County)	-	(Stote)
Hour o. m.		While	_ Not while	facto	ry, street, office bld	g., etc.)		,	,	,,		(5.0.0)
₽. m.	19	of work	Of work									
21   44446. 1	at Lattended the a		d from To my one	- 10	1000	Tom		10 10 F			4 1	
	nat I attended the a											
alive on Jan	uary 19	, 1259	and that d	leath o	ccurred ap 11	5.A.A	M, from	the causes of	and on th	he date	stated	abave.
1	1	7 /	1 .					et, city or town,				E SIGNED
ACTUAL	1 5000	- 1/2	2000		1/	4	11	10	Made	1		
SIGNATURE	MM ( TIL	all	run	M.	D	1as	son	Illi,	MI.			
1			/		, ,	/						
PHYSICIAN'S NAME (Typh)	2 HAI 1. /	101	MYCH 1	MI								
	4.114 1. 1.	111	0.40	1:1	A							******
220. BURIAL, CREMATIC		-	22c. NAME OF CEMET	ERY OR	REMATORY	220	d. LOCATIO	ON (City, town,	or county)		(Stote)	
REMOVAL (Specify)	1/20/5	9	NV .				2000		1	200		
KEMOJVA			7	1 - 1	00		JEN	MOION	1		HIL	
23. FUNERAL DIRECTOR	5 SIGNATURE	m	ADDRESS	hirl	, Oct 240	. REC'D BY	Y REGISTRA	AR 24b. REGI	STRAR'S SIC	SNATURE		
There .	To Wa.	J.	2305	10	EA DA	TE B	EN 2 2	200				

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# death. Page 4 may be retained. The hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR

VS A15 (4) 15M 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PARCE OF DEATH   Control of the Co		1043	CERTIFICA	ATE OF DEATH	1	Reg. Dist.	No.	
RURAL OR give negrest Joyn)  J. STATE OF HOSPITTAL (II not in Magniol, give street address)  J. STATE OF HOSPITTAL (II not in Magniol, give street address)  J. NAME OF HOSPITTAL (II not in Magniol, give street address)  J. NAME OF GOVERNOON OF THE CONTROLLING OF STATE OF S		COUNTY TO	S MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ANC -	If institution: Residence	before admissio	n)
S. MANK OF OR OF PART   DOCATION (CIVE AND OR DEATH   Enter only one course ger line for (a), (b), and (c)   DUAL   DUE TO   DUAL   DUE TO   DUAL   DUE TO   DOCATE   DUAL   DUE TO   DUAL   DUE TO   DUAL	Ĺ	RURAL and give negrest toyln)  RURAL ON GIVE NEGRES TO STATE OF HOSPITAL (If not in hospital, give street addr.		XDIS+Bi	outside corporate lin	nits, write RURAL and giv	e. IS RESID	DENCE
DECEMBER (INDEX PINE)  (ISPO OF PINE)  (ISPO O				12900. RAN	KBLEWO	od. DRIVE		
6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH 9. AGE (In year), If UNDER TYRAIF UNDER 22 HES.    FACE (In year), If UNDER TYRAIF UNDER 22 HES.   WIDOWED   DIVORCED   S. DATE OF BIRTH 9. AGE (In year), If UNDER TYRAIF UNDER 22 HES.   WIDOWED   DIVORCED   DIVO		DECEASED	To Middle	BALINGER	OF T		10	-0.
13. RATHER'S NAME	5. 5	2.11.1		SEDT. 3. 18	273 9. AG	E (In years   IF UNDER 1		
15. WAS DÉCEASEDE VERT IN U. S. ARKED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address    MRS DECEASEDE VERT IN U. S. ARKED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   MRS DECEASEDE VERT IN U. S. ARKED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   MRS DECEASEDE VERT IN U. S. ARKED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   MRS DECEASEDE VERT IN U. S. ARKED FORCES?   18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)]   PART I. DEATH WAS CAUSED BY:   MINERVAL BETWEEN ONES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOCKY   PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOCKY   PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOCKY   PERFORMED?   YES ON ACCIDENT WAS UNDERSTAND   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)   18. CAUSE OF DEATH   19. WAS AUTOCKY   PERFORMED?   YES ON OUT   200. ACCIDENT WEBLICALE EARNINGER]   19. CONTRIBUTING TO ALL SEAMINGER]   19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOCKY   PERFORMED?   YES ON OUT   PROVIDED TO A COUNTY   YES ON OUT   PERFORMED?   YES ON OUT   PROVIDED TO A COUNTY   PERFORMED?   YES ON OUT   PROVIDED TO A TOWN   TOWN	10a	during most of working life, even if retired)	D OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE ISTOTE	or foreign country)		EN OF WHAT C	OUNTRY?
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (g):   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   DUE TO   DUE TO   Conditions, if any, which gove rise to immediate couse (p), stoling the under:   Ying couse lost.   (c)   DUE TO   DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTORY PERFORMED?   YES   NO [A]     DUE TO   DUE	13.	AVOUSTUS. L.		14. MOTHER'S MAIDEN N	IXME YOU	GOMPF		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSE (b)  DUE TO  Conditions, if ony, which gove rise to immediate  Couse (a), stoling the under.  Interval Entwern  ONSE AND DEATH  ONSE AND DEAT			IAL SECURITY NO. 17.	IRGINIX S.	BALING	- > 30 - 1	Rambher	usend
DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under lying couse lost.  PART AT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOENT PERFORMED?  20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   Cluste of DEATH OF CONTRIBUTING   Cluste of DEATH Hour a. m. 19		/\	or (a), (b), and (c).]	= at = a	1 . 1		INTERVAL BETY	
Solution   State   S		Conditions, if ony, which gove rise to immediate (b)	ocardi	of his	ffice	every'	6-80	par
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	TION	PART AT OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART I	(a) 19. WAS AL PERFORI	JTOPSY MED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of work of w	CERTIFICA	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE		Port I or Part II of i	lem 18.)	YES 🗌	NO 🔄
alive an	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour a.m. While	Not while fo	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	, 20f. (City or tow	(Co	unty)	(State)
ACTUAL SIGNATURE SIGNATURE  PHYSICIAN'S S. W. LOWRY M.D. District Height, M.d.,  PHYSICIAN'S S. W. LOWRY M.D. DISTRICT HEREOF (Stole)  PHYSICIAN'S S. W. LOWRY M.D. TOWN, or county)  PHYSICIAN'S SIGNATURE  220. DATE SIGNATURE  ADDRESS  PHYSICIAN'S SIGNATURE  221. LOCATION (City. town, or county)  SUITHAND  231. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  242. REC'D BY REGISTRAR'S SIGNATURE		118.10 .50	Trom Control		M, from the	/		
PAME (Type)		ACTUAL SIGNATURE SIGNATURE & For	Vey	M.D. 72,00-M				
REMOVAL (Specify) 1-16-1959. CEAR. HILL SUITAND. MC.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		NAME (Typo) D. W. AUDIO	Chy ND	Distri	it He	ght, M	di	
1 Carrier and the second of ALT IAM & DITTO		REMOVAL (Specify) 1-16-1959. (	LAR.	R CREMATORY	SUITLA	City, town, or county)	1d (Stole)	
	23.	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	. / ==				

	LIVERS TO THE PARTY OF THE PART	
	Hoato to STACHTHEO END	

1 301	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTINCE George	MARYLAND	2. USUAL RESIDENCE (When a. STATE Maryla	nd b. COUNTYP	rince George
b. CITY OR TOWN (If outside carporote limits, write ROMEON or arest town)	LENGTH OF STAY IN 16 2 Days	c. CITY OR TOWN (If ou	tside carporote limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street add ORPHING George General H	espital	6852 B Allen		e. IS RESIDENCE ON A FARM? YES NO
R. NAME OF DECEASED (Type or print) First	L. Middle Baller	lgee	4. DATE Month OF Jan.	12 Year 59
Female 6. COLOR OR RACE 7. MARRIED WIDOWED	_	Dec. 8, 1926		Months Doys Haurs Min.
00. USUAL OCCUPATION (Give kind of work dane 10b. KIN during nest of working life, even if retired)	At Home	W. Virgini	ia	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SO  (IT MOTE MY or or doles of service) 23	CIAL SECURITY NO. 17. 12. 2 = 34 = 532 B	Eva King NFORMANT TUSband Told Bellengee	6852 B Alrew Washington	
IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Car CLAN	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJU While at wark [	_ Nat while fac	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State
21. I certify that I oftended the deceased alive on Jan. 12 1970	and that death	A	M, fram the causes an DDRESS (Street, city or town, st	
PHYSICIAN'S Dr. William D. Ro		м.в. <u>5304 AM</u>	;is RD. Pladd	ensburg lid.
120. BURIAL, CREMATION, 22b. DATE THEREOF 2	2c. NAME OF CEMETERY O		2d. LOCATION (City. town, or Clintonvil)	
3. FUNERAL DIRECTOR'S BIGNATURE	ADDRESS 7 /19	VTYE	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
in alper no				

uneral director,

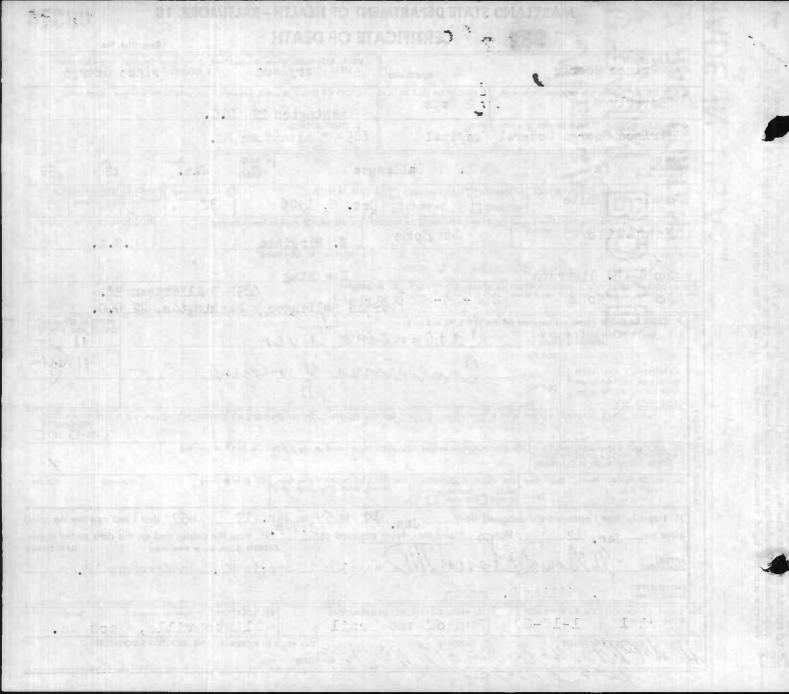
Jeoth: Page 4

may be retained to the hospital or attending physician.

O FUNERAL DICTIONS: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DI TO HOSPITAL OR

VS A15 (4) 15M 10/57



	PETABLE ROLET	ADMITMED HERE	
10.45.40			
		THE WAY OF MILES AND A	
			the Name of States of States
			and all best first I have been to the
			THE PROPERTY AND THE PR

#### FOR STATE HEALTH DEPT.

sary, pleose r files. Health, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is nece execute the certificate ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directional 4 should be for acred to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boy or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

M

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 \* OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1044	Reg. Disf. No.
	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
	Truce Gen 327 MARYLAND	o. STATE Many land County Timos Gearge
ı	b. CITY OR TOWN III outside corporate limits, write URAL c. LENGTH OF STAY IN 1b and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Authord Zyears	X Suitland
	d'NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give sireet address)	47/4 Huron Grenzo VEST NO
-	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or print) (1) after Evan 7	Beall DEATH January 28 1959
1	5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 8.	DATE OF BIRTH  P. AGE (In years IF UNDER 1YEAR IF UNDER 24 IKS.
	hale white WIDOWED DIVORCED	kely 29, 1017 59 yrs. 10000 10000
-	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, men if retired)	10 7 916.0
-	Luch Nune 10 - Jones	Mestrect g Columbia 11.5. &
1	13) FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address #11 5/5 # 5 @
	(If yes, give wor or dates of service)	Manya Joan McClery
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSAL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OCCUPATION  OCCU	masting has tolene
1	442X DUE TO	
	Conditions, if ony, which gove rise to immediate cause	escular renal discoil
1	(o), stating the underlying DUE TO	
	couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED?  YES NO P
	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (E)	nter noture of injury in Part I or Port II of item 18.)
١	Z foote	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)  ory, street, office bldg., etc.)
ı	Hour o. m. p. m. 19   White Not while of work   Portion of work   Portion	
1	21. I certify that I took charge af the remains described above	
1	opinion death resulted fram: Natural causes Accident	, Suicide, Hamicide, Undetermined manner
ı	ACTUAL 1	DATE SIGNED
۱	SIGNATURE OF SIGNATURE	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) JAMAS T. 1804 d	DEPUTY MEDICAL EXAMINER De la como 28, 1954
ŀ	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OF	CREMATORY / 22d. LOCATION SELY, LOVING OF COUNTY (STOLE)
1	PRINCIPAL 1-30 39 (PAN)	V Hill sulland ma
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
N.	In I will be I file	Commence of the Continue of the state

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME BM 2/57

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FOR S'	TATE DEPT.
NNER: This certificate should be executed within 24 hours after death. If any delay is necessary please T fing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for miles. Page 3 should be used as a burial-transil permit. File pages 1 and 2 with the 805r. of Health. It is not burial, cremption, or removal, and in any event within 72 hours after death.	M)
ecuted within 24 hours after deat in Item, 18. Give Pages 1.2, or ice along with form PMJ. Page ansil permit. File pages I and wal, and in any event within 72 had	
4.NER: This certificate should be executed within 24 hours after death. If any delay is find the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funerathe Chief Medical Examiner's Office along with farm PM3. Page 5 may be reloined as 3 should have seed as a burial-transit permit. File pages 1 and 2 with the State rior to burial, cremotion, or removal, and in any event within 72 hours after death.	ø

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1046DICAL EXAMINER'S CERTIFICATE OF DEATH

00980

Reg. Dist. No.

				demonstra
		COMMEN	SUAL RESIDENCE (Where deceased lived. If institution: Posidence before admission)	
	0	O. COUNTY Prince Goo GMARYLAND O.	STATE Maryland COUNTY tim Sean	
	b	b. CITY OR TOWN (If outside corporate limits, write RURL c. LENGTH OF STAY IN 1b c.	CITY OR TOWN (If outside corporate limits, write RURAL and give hearest towh)	
		( La 1.SI. France OX	Camp Alm	
	d	d. NAME OF HOSPITAL OR INSTITUTION (If no in hospital, give street oddress)	STREET ADDRESS	
	-	medford Wood .	5517- griffith and on a farm	
	3. P	NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor	
		(Type or print) John arthur Je	rastron DEATH Jany 14 1959	
	5. S	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE		S
		Tuels white WIDOWED DIVORCED Tel	-14, 1918 40 yrs. Manths Doys Hours Min.	
	10a.	Da. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	Υ?
1	d	during most of working life, even if retired) U.S. auforce	Idaho U.S.a.	
	13.	3. FATHER'S NAME 14. M	OTHER'S MAIDEN NAME	and the same
,	1	Horry Jerashom	Emma Hlylin	
-		5. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	ANT Address	
	1100	yer Since 1942 Mis	mory Lorgstrom : some as #2	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (gf.)]	INTERVAL BETWEEN	-
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
		973.1 DUE TO		-
		Condition is now which	lase la ser of St Armen	
		gave rise to immediate cause	von accordance of	7
		(a), stating the underlying DUE TO		
	z		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY	=
3	CATION		PERFORMED?	
1	5	200. EXTERNAL AUSE WAS 20b. DESGRIBE HOW INJURY OCCURRED. (Enter no	YES NO [	
	CERTIFI	200. EXTERNAL AUSE WAS PRIMARY DO COURRED. (Enter no CAUSE OF DEATH.)	D D D D D	
	AL	The part of	INJURY (Home, farm, i 20f. (City ar town) (County) (State)	_
	MEDIC		rel, affice bldg., etc.)	
	2		rdrood comp spray VX	2
		21. I certify that I taak Charge of the remains described above/ h	eld an Autopsy , Inspection I Inquiry Li, Vand in m	У
		opinion death resulted fram: Natural causes . Accident .,	Suicide , Hamicide , Undetermined manner	
		19 12	DATE SIGNED	
		SIGNATURE A.D. M.D.	CHIEF MEDICAL EXAMINER	
1		EXAMINER'S /	ASSISTANT MEDICAL EXAMINER	
		NAME (Type) AMES L. DOVID	DEPUTY MEDICAL EXAMINER 14, 1939	
	220	20. BUBHAL, CREMATION, 226 DATE THEREOF 226. NAME OF GEMETERY OR CHEMA		-
		During JAN. 19, 1951 Willingthe Mal	unil Whigh Va.	
	23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	1	Mucheli prieral Amie 816 HSt M21	DATE ASSIS OF COLOR	
	-		CT JAN 1 9 '59 Octom of Kinne	=

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	THE RESIDENCE OF THE PARTY OF T			
	1) 2 1 2 5	Charles Co Spanies and Ch		
HEATH	Em wat		SEA RES	
VAN LINE	AND DESCRIPTION OF THE PARTY OF	Common and		Water State of Sales
				The same of

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1047

**CERTIFICATE OF DEATH** 

00982 Rea. Dist. No

100		
3.	1. PLACE OF DEATH  O. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  IRGINIA  b. COUNTY  ARAING TON
JE M.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ARLINGTON  8 3 3
350	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION USAF HOSPITAL, ANDREWS	d. STREET ADDRESS 27/3 5. UHLE STREET YES NO ST
UNG	3. NAME OF DECEASED (Type or print) First Middle A	BISHOP LOST JAN 26 1959
ravo	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  OCT. 6: 1926  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
a:I	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSE WILLE  3. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
5	William Holscher	Katherine W. Ashmead
11/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service) 579-32-9878 A	HUSBAND-Charles. R. Biship- Sec#2
100	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PILCRE INTERVAL BETWEEN ONSET AND DEATH
il de	Conditions, if any, which ) (b) HOD GKINS	DISEASE Syndran
14.0	gove rise to immediate couse (a), stating the under-lying couse lost.	
The same	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
J. J.	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
2514	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of twork of twork of two the control of two two the control of two	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) octory, street, office bldg., etc.)
19:0		19.57, to 26 Jight, 1959, that I last sow the deceased
A LONA	ACTUAL SIGNATURE Soft 2 Selection	h occurred of SS AM, from the couses ond on the date stated above.  ADDRESS (Street, city or town, state) 26 Jay 57 DATE SIGNED  M.D. USAF HOSPITAL, HUMBERS  M.D. LISAF HOSPITAL, HUMBERS
1803	PHYSICIAN'S SANFORD Le Billet CAPTUSAFE	(ME) ANDREWS A.F. BASE, WAShasode.
3 12	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY of Separation of Company of Co	national Colination VA.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O Colonyton,	DATE JAN 2 7 '59 EAST REGISTRAR'S SIGNATURE Crimy & Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital or attending physician.

20R: After this certificate has been signed by the ottending physician and completely filled in by the control of t may be retained TO FUNERAL DIR VS A15 (4) 15M 9/55

page 3 should by detached for use as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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HTARORE STADINGS THE THE CONSIDERATION OF THE PROPERTY OF THE PARTY OF THE tere builting secondary to none or least secondary Management of the state of the the American Committee of the Committee the base of the same of the sa

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the certificity, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of a should be fary orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

\*MEDICAL EXAMINER'S CERTIFICATE OF DEATH

924	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Prince Georges MARYLAN	NO O STATE MEN PULL B. COUNTY DE - O Clare
b. CITY OR TOWN (If outside corporate limits, with RURAL C. LENGTH OF STAY IN	
and gife nearest town les beard on arr	ust x 1,1,1, man Chans
d. NAME OP HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ANDRESS   e. IS RESIDENCE
Prince George Seneral Hosp	Call 1 Rt = 2 Roy 8A VES NO D
3. NAME OF DECEASED (Type or print) Charles Weller	in Joon DEATH Janes 5 1959
5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED [ DIVORCED ]	AS DATE OF BIRTH 30 1956 (In years Included 19 19 19 19 19 19 19 19 19 19 19 19 19
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Coming most by working me, even it remed)	mer loved U.S. 6
13. FATHER'S NAME	14. MOTHER'S MAIDEN HAME
Samuel I toone	Transaco am Couren
	7. INFORMANT Address
[Yes, no, ex unknown] [If yes, give wor or doles of service]	Transmed. Toons some as to
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  JOKETH	CHOSE AND VEATH
1493X DUE TO	
Conditions, if ony, which) (b) Freedom	
gave rise to immediate cause	part of
(a), stoting the underlying couse last.	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTION   20b. DESCRIBE CONTRIBUTION   20b. D	PERFORMED?
E 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 19.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State)
The same	factory, street, office bldg., etc.)
21. I certify that I taok charge of the remains described	above, held on Autopsy W. Inspection T. Inquiry M. and in my
opinion death resulted fram: Natural causes [4] Acciden	nt [], Suicide [], Homicide [], Undetermined manner []
ACTUAL D	CHIEF MEDICAL EXAMINER (
SIGNATURE COMPANY	ASSISTANT MEDICAL EXAMINER
EXAMÍNER'S AMOS L. DOVO	DEPUTY MEDICAL EXAMINER TO 1 - 5-57
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Butual 1-7-59 mt. Co	Lymal, Report, Mry Oliver Md.
28. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	LUaste, 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Villett K Kalling 14339 Huntof	M. E. 154. To DATELAN 9 '59 Chilling & Kraus.

STERO HTMACES FARE TO THE WAY MED ANTE OR SERVICE 

Crimy & Knows

S. SEX		200						Reg. D	ist. No		
RIVERCASE  Characterity  d. NAME OF HOSPITAL (If not in hospital) give street address)  A STREET ADDRESS  6001 Baltimore Blvd.  Prince George Hospital  Conditions if any wishing ton bound of street address)  S. SEX  6. COLOR OR RACE  Note This wish and the street of the street address)  S. SEX  6. COLOR OR RACE  Note This wish and the street of the street address)  Note This wish and the street of the str	o. COUNTY Prince George		MARYLA	CO 6IAII		/here deceases	b. COUNTY				ssion)
OR INSTITUTION Prince George Hospital  ON AFRE PROBLEM 1001  ON AMERICA DECEASED (Type or print)  S. SEX  OCOLOR OR RACE  OCOLOR OR OR RACE  OCOLOR OR RACE  OCOLOR OR RACE  OCOLOR OR OR  OCO	RURAL and give nearest town)		. 7	25 R	or town (it	Coutside corpo	rote limits, write R	URAL and	give ne	arest tow	n)
S. SEX	OR INSTITUTION		ress)			nore Bl	Lvd.			ON	A FARMS
Male White WIDOWED DIVORCED June 30, 1912 Abbrishdoy) Month Doys Hours Milling and of work done of work done of working life, even if refired of the washing the even if refired the washing the even if refired to the even and the even if refired the even white the even white the even and	DECEASED	First	_	Bowers	Last	OF		th	Î	14	Yeor 59
D'aitsman Washington Sanitary Division Maryland USA  13. FATHER'S NAME  Claude C. Bowers  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (19 no. or unknown) (19 yes, give and or detail street)  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), ond (c).]  PART I. DEATH WAS CAUSED BY  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTO PERFORMED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OCAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTO PERFORMED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO COURRED, (Enter noture of injury in Port I or Port II of item 18.)  201. Item of Injury Medical Examiners  202. PLACE OF INJURY (Home, form, 204. (City or town) (County) (S) (County) (County) (S) (County) (County) (S) (County)				Yarho		1912	(astybirthdoy)			1	ER 24 HRS. Min.
Claude C. Bowers  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give are or date of service)  218. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES IN NOT WHILE GOVERNED. (Enter nature of injury in Port I or Port II of item 18.)  20a. ACCIDENT WAS UNDERLYING ON YOR While of work of work.  21. I certify that I attended the deceased from OFT OFT 19. Signed to work of work of work of work of work.  22. I certify that I attended the deceased from OFT OFT 19. Signed to work of work of work of work of work.  23. ACTUAL Assessment of work of work of work of work of work of work.  24. CELL OFT NUMBER (County) (County) (Signed) (County) (Signed) (County) (Signed) (County) (County) (Signed) (County) (County) (County) (Signed) (County) (Count	during most of working life, even if	retired)					ountry)	12. CI			T COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, give mo or dotte of service) 218240695  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED (Enter nature of injury in Port I or Port II of item 18.)  20a. ACCIDENT WAS UNDERLYING COME (C)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19	13. FATHER'S NAME			14. MOTH	ER'S MAIDEN	NAME				11	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED While Not while of work of	Chaude C.	Bowers			Edna	Davis					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  SHOWERS PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoting the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTO PERFORMED YES DISEASE CO	15. WAS DECEASED EVER IN U. S. ARMI	ED FORCES? 16. SOC	IAL SECURITY NO.	17. INFORMANT			Add	ress	0.00		
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPERFORMED YES 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work of wor	Conditions, if ony, which gave rise to immediate couse (a), stoling the under.	D BY:  NUSE (o) GAS  DUE TO PRE		c gas	THIC	emou UL	cen		ÖN	Z ZNI	DEATH
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work of work alive an 19 19 19 19 19 19 19 19 19 19 19 19 19		T CONDITIONS CON	TRIBUTING TO DEATI	H BUT NOT RELATE	D TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERF	ORMED?
21. I certify that I attended the deceased from Oct., 1958 to 14, 1959, that I last saw the deceased alive an 14, 1959, and that death accurred at M, from the causes and on the date stated at ADDRESS (Street, city or town, state)  ACTUAL MARSHINE TO THE STATE OF TH	· ·	DEATH INER) 20b. DESCRIB	E HOW INJURY OCC	URRED. (Enter natu	re of injury in	Port I or Par	t II of item 18.)				
alive an 14 , 19 59, another death accurred at ADDRESS (Street, city or town, stote)  ACTUAL M. STATE STATE OF THE STATE O	OD Hour o. m. p. m.	While	Not while	De. PLACE OF INJU foctory, street, o	RY (Home, far office bldg., et	m, 20f. (City lc.)	or town)		(County)		(State)
alive an JAN 19, 19 5 4, and that death accurred at M, from the causes and on the date stated at ADDRESS (Street, city or town, state)  ACTUAL MARSHAM B. Janes M. Ja	21. I certify that I attende	d the deceased	from OCT	, 19	5 8 10 2	JAN,	14 195	Sthat 1	last se	aw the	deceased
PHYSICIAN'S WORMAN DONAT COMERY MIT RAINIER ML	ACTUAL SIGNATURE MATERIAL SIGNATURE PHYSICIAN'S PH	Dinester De	9. and that de come	M.D	3.	M, from ADDRESS (Si	n the causes of treet, city or town,	and on I			
220. BURIAL CREMATION, REMOVAL (Specify)  Burial  220. Date Thereof  1/16/59  Ft Lincoln Cemetery  ADDRESS  220. LOCATION (City. town, or county)  Colman Manor, Maryland.  240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	Burial 1/16/		t Lincoln		У	Colm	ar Manor	c, Ma	aryl	and.	

Hyattsville Maryland.

DAJAN 1 6 '59

the registrar priar to burial, cremation, ar removal, and page 3 should be may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

After this certificate has been signed by the attending physician and campletely filled in by hed far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 rial, crematian, ar remayal, and in any event within 72 haufs after death.

detached for use as the burial-transit

ar attending physician

heral director

F. Gasch's Sons

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15	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physicion and completely filled in by the beral director.	(4)	
			1

1. PLACE OF DEATH  COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Forestville Md 6 months	X Forestville Md.
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
Alms house	Ritchie Road YES NO
3. NAME OF DECEASED (Type or print) Charles MC P Monday 123 V	Brady Death Doy Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	May 7, 1879 Vost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
self	Maryland USA
13. FATHER'S NAME ATMET	14. MOTHER'S MAIDEN NAME
Stephen Brady	Mary Havner
Marian and A. A. Marian and A.	NFORMANT Address
no none	ra Wood Washington D. C.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (icute Congos	
4d0.0 DUE TO	
Conditions, if ony, which) (b) arteriosclerol	cheart disease 6mg.
gove rise to immediate couse (o), stating the under-	
lying couse lost. (c) General Urle	insclerosis linkinger
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	rea georges Horpela D. 1952 YES NO D
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter reduce of infury in Port I or Port II of item 18.)
	106-20-2
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from Juve /	9, 1958, tg / and 12, 1959, that I last saw the deceased
alive an Laure 11 , 1959 and that death	accurred at 22.M, from the causes and on the date stated above.
1 10 and of the	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE CALLO VAN AMULA	4.0.5 440 AI/VER HILL RUSE
PHYSICIAN'S PAULC, VANNATTA, M	D. Washington 28 hc
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CCREMATORY 22d. LOCATION (City, lown, or county) (Stote)
Burial Jan 15, 1959 Holy Trinity	y Cemetery   Collington Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Gasch's ons Hyattsville Md.	DATEAN 1 6 '59 Continu 2. Thous

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militaria solver de di	
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VS A15 (4) 15M 10/57

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MARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE	18
• Items	11.12.13.14	FilmG238 2-18-59 et	
000	CERTIFICATE	OF HEALTH—BALTIMORE, FilmG238 2-18-59 et OF DEATH	

2-18-59 et	10	0	0986
	Dan I	Dies Alm	

							Reg. Dist.	NO.	
1. PLACE OF DEATH o. COUNTY		MARY	LAND	2. USUAL RESIDENCE (No. STATE	Where deceased	d lived. If institution b. COUNTY		before odn	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CfTY OR TOWN (I	f outside corpo	rote fimits, write R			
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street d	oddress) Day		d. STREET ADDRESS	e Park			10	RESIDENCE NA FARM?
Prince Georges Ge	nera	1		5502	Aubern	v Avenue		YES	□ NO □
NAME OF DECEASED (Type or print)	st	Middle		Lost	4. DATE OF DEATH	Mon Jan	th	Day	Year
. SEX 6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED □   B.	Brooks DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS.
Male Colored	WIDOWE	DIVORCE	0 🗆	12/14/7	73	lost birthdoy) 85 yrs.	Months D	oys Hou	rs Min.
Oa. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 10b.	KIND OF BUSINESS C	OR INDUSTI	Pri. Geo			-	A .	AT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN		1100	1000		
		Unknown		Ur	nknown				
5. WAS DECEASED EVER IN U. S. ARMED FOR-		SOCIAL SECURITY NO	). 17. INF	ORMANT		Add	ress		
DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  PART IF. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	)	Mr Lesi	ATH BUT N	ot related to the ter		E CONDITION GIV	EN IN PART 1	PER	AS AUTOPSY RFORMED?
	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	n Port I or Port	t II of item 1B.)			
20c. TIME OF INJURY Month, Day, Yes Hour o. m. p. m.	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., e	erm, 20f. (City	or town)	(Cou	unty)	(Stote)
21. I certify that I attended the alive an	1)2 X	pasou /	M).	polis Rd	2.070mfrom ADDRESS (Si	n the causes of treet, city or town,	and an the		
20 SURIAL CREMATION, 22b. DATE THEREO REMOVAL (Specify) 2-4/-5		22c. NAME OF CEM	ETERY OR O	CREMATORY	22d. LOCAT	TION (City, town,	or county)	me	itote)
3. FUNERAL DIRECTOR'S SIGNATURE	tu-13	ADDRESS 467	Na	+ 714   24g. RE	C'D BY REGIST	1000	STRAR'S SIGN	Kraug.	

HI ARD ROUT ADDITION 

old director. Page Health. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direy 4 should be four death at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR 28: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bot or its designated agent, prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		- 1410	DIC	AL EXAMIN	EK 3	CEKIII	ICAI	EOF	DEATH	Reg.	Dist. No	).	
	PLACE OF DEATH D. COUNTY	Prince Geor	rges	MARY	LAND	2. USUAL RESI		here deces	sed lived. If institu b. COUNT	v -	dence be		ission)
1	ond give negress to	(If outside corporate fimits, write Cheverly	e EURAL	D.O.A.	IN 1b	c. CITY OR		outside cor ar Hej	porate limits, write Lghts	RURAL a	nd give n	negrest to	wn)
-				ospital, give street address eneral Hospi		street Al		th A	venue		= 77	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Emma	st	Middle	Bro	Lost		4. DATE OF DEATH	Januar		Doy		9 59
5. :	Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIES		Oct	1873	3	9. AGE (In years loss birthday) 85 yrs.	Months	R TYEAR Doys	1F UND Hours	ER 24 HRS. Min.
100	USUAL OCCUPAT foring most of work Housey	ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR		yland		country)	12. CI		F WHAT	COUNTRY
13.	FATHER'S NAME  James	Green				14. MOTHER'S A		anown and					
	WAS DECEASED E	VER IN U. S. ARMED FO		S. SOCIAL SECURITY NO.	-	rormant nas J, B	rown	808 Was	58th Av	enue.	N	E.	
7	Conditions, if gove rise to imm (o), stating the cause lost.	ony, which (b) ediate couse DUE TO (c)	)	Cardiova						compe			
CERTIFICATION										VEIVIN I		PERFO	NO T
	PRIMARY OF CO	ONTRIBUTING IT	b. DESCR	IBE HOW INJURY OCCUI	RRED. (Er	iter noture of inju	ury in Port	I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJ Hour a. m p. m		Wh		Oe. PLAC foctor	E OF INJURY (H ry, street, office	ome, form, bldg., etc.)	20f. (Cit)	y or fown)	(C	ounty)		(State)
			Natural	causes Accidences M.D.		, Suicide  M.D. CHIEF MI  ASSISTAN	EDICAL EX	domicide  AMINER   REXAMINER [		Inquermined		er 🗆	d in my
22c	BURIAL, CREMATI REMOVAL (Specif BUTIAL FUNERAL DIRECTO	1-20	-59 i+Se	22c. NAME OF CEMENT  MADDRESS  467	lest	mal	240. REC'E	BL BY REGIST		efu	MA A		71,8

# MARCHAND SEATE DEPARTMENT OF HEALTH OR BLANCH AND LAND SEATE OF SEATH OF SEATH OF SEATH

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		english day	and military to			
• no confinence	odle, Id	ed from	sall in any house			
				Gas III		
	ule Cran		um ag tall up de lan	• •	T HOL	

22c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING, MD.

LINCOLN CREMATORY

e. IS RESIDENCE

Day

ON A FARM YES NO

Year

19 3

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NOF (County) (Stote) that I last saw the deceased 22d. LOCATION (City, town, or county) (Stote) PRINCE GEO. COUNTY. MD. 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE AN T

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DIREC

FUNERAL

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ACTUAL

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

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VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINED'S CEDTIESCATE OF DEATH

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	COUNTY	Prince Geo	98 <b>9</b> orges		MARYLAND	0.5	TATE		there decease	b. CO	LIMITY	ince		
b.	and give nearest lower	t outside corporate limits, writ everly	• RURAL	_	OF STAY IN 16	c. (			outside corp	porote limits, v				
d.	NAME OF HOSPIT	Georges Ge				d, 5	916	RESS		venue			ON	ESIDENCE A FARM?
D	AME OF ECEASED Type or print)	John		ncis	Middle Bro	own	Lost		4. DATE OF DEATH		Month	Doy		ear 9 59
5. SE	x Male	6. COLOR OR RACE	7. MARRIE		R MARRIED M		of Birth	70	)   	9. AGE (In year last birthday)	IF UND	DER TYEAR		ER 24 HRS Min.
10a.	USUAL OCCUPATION MOUNT OF WORKING	ON (Give kind of working life, even if retired)	done 10b. N			-	W	(Stote	or foreign c				S.A.	COUNTRY
13. 1	ATHER'S NAME					14. MC	THER'S MAI						Den	
	Jose	eph Savoy						Ell	len B	rown				
15. \  Yes.	NAS DECEASED EV	ER IN U. S. ARMED FO It yes, give wor or dates of		SOCIAL SECU		informa Ellei	n Brow	m;	same	addres	iress S as	# 2.		
	52/X Conditions, if a gave rise to imme (o), stating the couse last.	diote couse			nonary a			TERMI	NAL DISE <b>A</b> S	E CONDITION	GIVEN IN F	PART 1(0)	IP. WAS. PERFO	
0	200. EXTERNAL CA PRIMARY   01 CO CAUSE OF DEATH.	USE WAS NTRIBUTING (	b. DESCRIBI	E HOW INJUI	RY OCCURRED.	(Enter not)	ore of injury	in Port	I or Part II	of item 18.)			113 [0]	140
MEDIC	Hour o. m.	19	While of wo	Not w	* 🗆	tory, siree	t, office blds	g., elc.	)	ar town)	(	County)		(State)
	opinion death	resulted fram:					-	], i	lamicide	nspection   	, Inq letermine	uiry 🔽 d mann	_	d in my
	EXAMINER'S NAME (Type)	John T. Mai	lonev.	M.T.		M.D.	ASSISTANT A	MEDICA	AL EXAMINE EXAMINER		anuary	7 10	705	0
	BURIAL CREMATIC	N. 226. DATE THEREC			OF CEMETERY O					TION (City, to		-	(Stot	
23. F	LIMY	Signatures Was	hins	ADDRES	167	Vsj	4-21	REC'I	D BY REGIST	FAR 246. 8	GETLING			
	26	7274. 20	15											

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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AL RESIDENCE (Whe ATE Maryla: TY OR TOWN (If ou Aquasco REET ADDRESS  Lost 4. BIRTH  BERT 29, RTHPLACE (State or Marylar Maryl	DATE OF DEATH  9. AGE (four burt burt)  1958	Month January (In years heder) yrs.	Doy 17 NDER TYEAR nihb Days 2. CITIZEN O	e. Is RESIDENC ON A FARM YES NO 1959  IF UNDER 24 HI Hours Min.
Aquasco REET ADDRESS  Lost  BIRTH  ber 29, J  RTHPLACE (Stote or Marylar	DATE OF DEATH  9. AGE (lost birt birt birt birt)  1958  foreign country)	Month January (In years IFU Mory) yrs.	Doy 17 NDER 1YEAR nihs Days 2. CITIZEN O	e. IS RESIDENCON A FARM YES NO (  Year 19 59  IF UNDER 24 HI Haurs Min.  OF WHAT COUNT
Lost 4.  BIRTH  BET 29, J  RTHPLACE (State or Marylar	DATE OF DEATH  9. AGE (for birt birt birt)  1958 foreign country)	January (in years thdoy) yrs.  If U Mor	NDER TYEAR niths Days 2. CITIZEN O	Yes NO ( Year 19 59  IF UNDER 24 HI Hours Min.
tost 4.  BIRTH  ber 29, J  RTHPLACE (State or Marylar	9. AGE (for birt)	January (in years thdoy) yrs.  If U Mor	NDER TYEAR niths Days 2. CITIZEN O	19 59 IF UNDER 24 HE Haurs Min.
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her 29. ] RTHPLACE (Slobe or Marylar	foreign country)	yrs. 3	Days 2. CITIZEN O	Haurs Min.
RIHPLACE (Stole or Marylar	ad	12		S. A.
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Brown, I	Eagle H	arbor,	Md	
			ONS	EVAL BETWEEN ET AND DEATH
ED TO THE TERMINA	ALDISEASE CONDI	TION GIVEN IN		PERFORMED?
a of injury in Port I o	or Part II of item 1	8.)		
URY (Home, form, olfice bldg., etc.)			(County) P. G.	(Stote
	e of injury in Port is URY (Home, form, office bldg., etc.)	ED TO THE TERMINAL DISEASE CONDI  of injury in Part I or Part II of item I  URY (Home, form, 20f. (City or tawn) office bldg., etc.)  Aquasc  d an Autopsy	ED TO THE TERMINAL DISEASE CONDITION GIVEN II  of injury in Part I or Part II of item 18.)  IURY (Home, form, 20f. (City or town) office bldg., etc.)  Aquasco d an Autapsy office Inspection	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  of injury in Part I or Part II of item 18.)  JURY (Home, form, office bldg., etc.)  Aquasco  P. G.  d an Autapsy  Inquiry

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fort, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boy or its designated agent, prior to burial, cremation, or removal, and in any exect within 72 hours after death.

ACTUAL SIGNATURE

EXAMINER'S

VS. A15ME 5M 2/57

James I. Boyd

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

January 18, 1959

DATE SIGNED

220. BURIAL CHEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BUCIAL FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTIAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATEN 2 3 '59

Chilling & House

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BURNING STATE PERARTMENT OF HEALTH PRACTICAL PRACTICAL PROPERTY

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 11,13,14 FilmG238 2-18-59 et CERTIFICATE OF DEATH

				Keg.	Dist. No.
1. PLACE OF DEATH  o. COUNTY  Prince George	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived	. If institution: Reside. COUNPrinc	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly	22Days	Fairmont Hei	tside corporate lin	nits, write RURAL or	nd give nearest town)
d. MANY OF HOSPITAL III not in position give a treed address?	tal	707 71st Ave	9.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lucious First	Middle Bus	sie	4. DATE OF DEATH	Jan. 31	Day Yeor 19 59
MIDOMED [	DIVORCED	B. DATE OF BIRTH	3 5!	birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	BUSINESS OR INDU	Aiken C	o. S. C		CITIZEN OF WHAT COUNTRY
		14. MOTHER'S MAIDEN NA		iom	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	ECURITY NO. 17.	INFORMANT	ey Coll	Address	
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO  (c)		Sarca			ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of i	item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not p. m. 19 of work at at w		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tov	vn)	(County) (State)
21. I certify that I attended the deceased from alive an Jan 31 1959		959, 19 , to Jan occurred at 2:30P	n 31 M. from the		I last saw the decease
ACTUAL SIGNATURE THE BLANK HOSSE	WAAD.	M.D	DDRESS (Street, c	ity or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type) William Rosson, MD	530h Ann	apolisRd. Bla	denshura	y Md	
	ME OF CEMETERY O			City, town, or count	y) (State)
23. FUNERAL DIRECTOR'S SIGNATURE 46	ORESS Not	nu DATEER	BY REGISTRAR 5 '59	2,6. REGISTRAR'S	

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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 1020

	1052	Keg. Di	ST. 140.
	OF DEATH UNITY AMERICAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider	ice before admission)
h CIT	Y OR TOWN (If outside corporate limits, write) c, LENGTH OF STAY IN 1	Thursday oune	e seorges
	AL and give nearest town)	b c. CITY ORYOWN (If outside corporate limits, write RURAL and	give nearest town
Ta	ME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	Is prespected
35	institution for Land Land Court	5514 Park Sand Court	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type		Lost 4. DATE Month OF DEATH	Day Year 2/ 1859
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS
Tea	MARA COMMENCE WIDOWED DIVORCED	last birthdoy)   Months	Days Hours Min.
10a. USU	AL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR IN		TIZEN OF WHAT COUNTRY
duru	ng most of working life, even if retired)	Washington D.P	11.8A.
13. FATHI	ER'S NAME	14. MOTHER'S MAIDEN NAME	
4	John E. Calls	Tennie Shugh	ure.
15. WAS.		7. INFORMANT Address	
1	70.		
18.	CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Unguring Heart Failure.	6 Vn
4	10 X DUE TO		
	nditions, if ony, which ) (b) Bit got Stens	26	30 yrs.
	re rise to immediate DUE TO	11 01	341/
		Heart Pian.	/Ra.
CERTIFICATION OB CO	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
CERTIFIED SON	ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUI CONTRIBUTING   CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER;	RRED. (Enter nature of injury in Port I or Part II of item 18.)	
20c. 1		PLACE OF INJURY (Home, form, 20f. (City or town)	County) (Stole)
MED	Hour o. m. p. m.  19 While Not while at work of work	foctory, street, office bldg., etc.)	
21.	I certify that I attended the deceased from 10-	30 , 1952, to 1 - 21 , 1967 that I	last saw the decease
	. 01	oth occurred at 114 p.M. from the causes and on t	
	1, 1	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGN	LATURE John J. Ch Ca Rev	M.D. 3801 Serit Gard	RUT.C.
PHYS	GICIAN'S John J. CRHARCE M.	Mash. 20 AP	
	AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(Stote)
1011	rial 1-1-09 1914 Olive	ect com. Washington	, v Kie
23, FUNE	RAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	JO P 240. REC'D BY REGISTRAR 245 REGISTRAR'S SI	GNATURE
VIIV	V. Crurrous co warmales	DATEN 26 59 Coulling & A	1004

DESTRICATE OF DEATH ARTHUR LONG TO A CONTRACT TO A 34 . 1318 12 3 186 184 1 Congress Congress Practitions 12111111 I some top proup of some. CONTRACTOR OF THE STATE OF THE and which while I have 17 Can 2 Kr. 

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death. hours ofter 0

VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE GEORGES c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) o. IS RESIDENCE YES NO Day Yeor 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T

(County)

H.M. fram the causes and an the date stated above.

DATE SIGNED

(State)

22d. LOCATION (City, tawn, ar county)

(State) PRINCE GEO. COUNTY, MD.

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE Cultury S. Hears

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# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral divertor. Page 4 should be for graded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained in tiles. TO FUNERAL DI CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8th of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0	0	9	9	5
Rea.	Dist.					

	1. PLACE OF DEATH O. COUNTY  MARYLAND  2.	A STREET ADDRESS  WINDOWED DIVORCED 11. BITHPLACE (Stote or Igraign country)  12. CITZEN OF BUSINESS OR INDUSTRY 11. BITHPLACE (Stote or Igraign country)  13. ADDRESS  14. MODIFER'S MAIDEN MAINER  15. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE (a)  18. CAUSE (b)  18. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  19. OES RESIDENCE  19. AGE (b), word in relived)  19. AGE (b), word in relived)  10. RIND OF BUSINESS OR INDUSTRY 11. BITHPLACE (Stote or Igraign country)  11. MODIFER'S MAIDEN MAME  12. CITZEN OF WHALCOUNTRY?  13. MODIFER'S MAIDEN MAME  14. MODIFER'S MAIDEN MAME  15. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. MODIFER'S MAIDEN MAME  18. MODIFER'S MAIDEN MAME  18. MODIFER'S MAIDEN MAME  18. MODIFER'S MAIDEN MAME  19. COLLEGE (b)  19. COLLEGE (c)  19. COLLEG
)	b. CITY OR TOWN It outside conforate high, write RURAY   c. LENGTH OF STAY IN 16 and give North town)	c. CITY OR TOWN (If guyide corporate limits, write RURAL and give nearest town)
7	NAME OF HOSPITAL OR INSTITUTION (Major in hospital, give street address)	1 - 1 1 - 2 Med (2) ON A FARM?
	3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Doy Year
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DA	TO F BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
1	during most of working life, even if retired)	11. BIRTHPLACE (Stote or Greign country)  12. CITIZEN OF WHAT COUNTRY?
1	Charles Stewart	Sophie allen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (14 no. of unknown) (15 yes, give wor or dates of service) (16 yes, give wor or dates of service)	
0	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE TO couse tast.  PART IN OTHER SIGNUSTRANS CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
		F INJURY (Home, form, 1 20f. (City or town) (County) (State)
	Hour o. m. 19 While Not while of work of work	afreet, office bidg., etc.)
5	opinion death resulted from: Natural causes , Accident , ACTUAL SIGNATURE AMONTH MARKET MARKE	Suicide , Homicide , Undetermined manner   D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	
		Washington, D.C.
	John T. Stewart 30-H-St.,	N. F. DAYEN 1 4 159 246. REGISTRAR'S SIGNATURE

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No.			
	all made to		

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VS A15 (4)

15M 10/57

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CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g COUNTY o. STATE Maryland L COUNTY MARYLAND Prince George Prince b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4 College Park. 75 min d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Prince Georges General Hospital 71.01 Phode Island YES NO TO 3. NAME OF First Middle DATE Last Month Day Year DECEASED (Type or print) Crisn DEATH 1059 January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Hours Min. DIVORCED [ WIDOWED Male YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S. A Teacher U. Of Md, Retired 14. MOTHER'S MAIDEN NAME Edward Thomas Crisp Lucy Ann Brook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address College Park, Md. None Son. Lawerence R Crisp 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEREQRMED? YES T NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour O. M. While Not while p. m of work of work 1959, that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death occurred at 1:20P\_M, from the causes and on the date stated above

ACTUAL

Dr. Walcatt

22b. DATE THEREOF

16/59

L. Etienne 22c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

22d. LOCATION (City, town, or county) Baltimore

ADDRESS (Street, city or town, state

(Stote) Maryland.

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

BUTTAL (Specify)

ADDRESS

24a. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

F. Gasch's Sons

Hyattsville Md.

DATELAN 6 '59 arthur & Kenys

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VS A15 (4) 15M 9/55 M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1051 CERTIF

### **CERTIFICATE OF DEATH**

11002	Keg. Di	st. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY	ce before admission)
PRINCE GEORGES MARYLAND	MAKY 14ND PRIN	CE GEORGES
b. CITY OR TOWN (If outside corporate limits, write	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
FOREST HEIGHTS	X FOREST HEIGHTS	THE LEGISLA
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	344 CREE DRIVE	YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month	Day Year
ATT	CROWDER OF DEATH Jan.	13 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
Female white WIDOWED DIVORCED	Nov. 6, 1870 Sprithday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)   12. CIT	IZEN OF WHAT COUNTRY
House Wife	VIRGINIA	1. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM HENRY BATTE	SALLY BAILEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16./SOCIAL SECURITY NO. 17. 11. (Yes, no. or unknown) [ (If yes, give wor or dates of service) ]	NFORMANT Address	
no none it	Ratclife Wing rell 344C rec	. Uneve
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: (erebrovas Cu	Mor accident	15 run
331X DUE TO		
Conditions, if any, which) (b) Chellral a	rerio alervas	
gove rise to immediate couse (o), stating the under	0 / 2	
lying couse lost. (c) theraling	a anteriorcerous	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH URLE THER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (City, street, office bldg., etc.)	County) (Stote)
Hour a. j1.  p. m.  19   While Not while of work of wo		
21. I certify that I attended the deceased from.	1949 to /1/3 1919 that 1	last saw the deceased
alive an	1000	
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE TIRENAL TELLE SILVE	3409 ûle ûne de	ta 1.13.50
- C D 11	M.D.	
PHYSICIAN'S FRANKS, PELLEGRINI	wash 20 De	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)	LLS JARRATT VIA	CINIA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIG	SNATURE
Ives Funeral Home, 2847 Wilson Blvd.,	1881 4 0 100 0 1 -1 0	Kraus
By: 7. E. Hulpfun Arlington, Va.	DAIE	a management

The second of the second of				
			.4.	
v III.				
TO PERSON AND THE REAL PROPERTY AND THE		B Charles word Dan		
				uet granes as
	do o master			
			The Hole of	22/18/20
The Manager of the Control of the Co				

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for "ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for the files.

TO FUNERAL DIR CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boy of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57 CH

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11152				Reg. Dist. No.
1. PLACE OF DEATH				ion: Residence before admission
o. COUNTY Prince George's	MARYLAND	o. STATE Maryl	and b. COUNTY	Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give neolest town)
and give negresi lown)	2½ years	X Oak Knol	1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h		/ d. STREET ADDRESS		e. IS RESIDE
4734 East Avenue		4734 Eas	t Avenue	ON A FA
3. NAME OF DECEASED (Type or print) Trene Peters	Middle  Ben Davis	Lost	4. DATE Month OF DEATH January	20 159
	RIED NEVER MARRIED B		9. AGE (In years fast bigthday)	Months Days Hours Mir
Female White widow		February 11,		
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)		RY 11. BIRTHPLACE (S1010  Rhode Is		12. CITIZEN OF WHAT COU
House wile	Own Home	14. MOTHER'S MAIDEN N		
			hompson	
Emil Nicholi Petersen  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16	5. SOCIAL SECURITY NO. 17. W	NFORMANT	Address	
NO (II yes, give war or dates of service)			Davis, same as	3 # 2
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	phyxia			
940.0 DUE TO		=		
Conditions, if any, which ) (b) Du	e to compression	n of upper re	espiratory trac	t
gove rise to immediate cause				
(a), storing the underlying				
	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19, WAS AUTO
2				PERFORMEI YES NO
PRIMARY DE or CONTRIBUTING []	ibe how injury occurred. (E 1 down stairs			and door at bot
3 20c. TIME OF INJURY Month, Doy, Year 20d	INTURY OCCUPPED TOO BLA	CE OF INJURY (Home, form	, i 20f. (City or lown)	(County) (S
20c. TIME OF INJURY Month, Doy, Year 20d 1/20/19 59 Who of the control of the con	work of work K	ory, street, office bldg., etc. <b>MC</b>	Oak Knoll	Prince Geo. Mc
21. I certify that I took charge of the			v 🔀 Inspection 🎉	Inquiry [2], ond in
opinian death resulted from: Natural	couses, Accident [	Suicide [], I	Homicide [, Undete	rmined monner
ACTUAL \	9 0	CHIEF HEDICAL EN	AAGINER [T]	DATE SIGN
SIGNATURE COMO	1 gorlo	M.D. CHIEF MEDICAL EX		
EXAMINER'S Janes I. Boyd	U	DEPUTY MEDICAL	Name of the last o	ary 21, 1959
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION City, town,	or county) (State)
Durint 1/23/1137	alkington	2 Papionel	arlangle	well.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF THE	240. REC'	0.0.1	STRAR'S SIGNATURE
setunen/tome	4. Jash	To LOAN N	Z 3 '59 Coll	my & trave

remain the property den a colm towin tare a col

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to the little to the article recovered by the bear are and much life. A PERSONAL PROPERTY OF THE PRO tille of the engine in the right

RELL IS WELLES - FINNES CONTROL

### **CERTIFICATE OF DEATH**

		U	1	U	0	1
Dist	Nim					

		4						wear missi		
1. PLACE OF DEATH o. COUNTY	23.00		MAR	YLAND	2. USUAL RESIDENCE (W		b. COUNTY		before od	missian)
b. CITY OR TOWN (I	If outside corporate limit	, write c	LENGTH OF STAT	r IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R		e nearest l	own)
Cheverly			12 hrs.		X Seat Pleas	sant				· · · · · · · · · · · · · · · · · · ·
OR INSTITUTION	AL (If not in hospital, gi		dress)		d. STREET ADDRESS	on Rd.			OI	RESIDENCE N A FARM?
3. NAME OF	Firs		Middle	•	Last	4. DATE	Mon	sk.		Year
(Type or print)	Eff	ie	A	1	Dunnington	OF DEATH	Jan		26	1959
5. SEX Female	6. COLOR OR RACE	7. MARRIES			8. DATE OF BIRTH  Aug. 21. 19	07).	9. AGE (In years last birthday)	Months De	EAR IF UI	
100. USUAL OCCUPATION	ON (Give kind of work d	one 10b. KII	ND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State		- begreep	12. CITIZI	N OF WE	IAT COUNTRY
HOUSE	king life, even if retired)		AT HO	ME	Washingto	on , D.			.S	le.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Alfonso	Ordey					owler			9-1-2	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SC	OCIAL SECURITY NO	0. 17. 1	NFORMANT		Add	ress		
NO	NONE		one	W:	alter Dunning	ton. H	lusband	Same	23 A	bove
	ATH [Enler only one country was CAUSED BY: IMMEDIATE CAUSE (a)	se per-line	for (a), (b), and (c)	·]	· · ·				INTERVAL	BETWEEN ND DEATH
561.4 Conditions, if a	DUE TO	Du	[8-1 D	st	uctil la	1110	ca its	, fo		
gove rise to i	mmediale (D)	00	0	9,,				100	nic	1
lying couse last.	the under-									
	J (c)	ITIONS COL	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAI DISEASI	CONDITION GIV	EKI INI PART 1	(a) 10 W	AS AUTOPSY
PART II. OTH	//		m 0.42		sec to	Falsa	ca 8	ur	PEI	REORMED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY (	OCCUŘREI	D. (Enter nature of injury in	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea 19	While	URY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Hame, fore tory, street, affice bldg., etc.	m, 20f. (City c.)	ar tawn)	(Cau	inty)	(State)
21. I certify th	at I attended the	deceased	fram Un	y. 2	9, 1957, to	four.	26 19 9	that I la	st saw ti	ne decease
alive an	0 26	., 19		t death	accurred at 12:11		the causes	and an the		ated abave
ACTUAL SIGNATURE	Cax Mid	ter	zberg		M.D.7016 - 91	ADDRESS (SI	st. S	state)	Rec	DATE SIGNE
PHYSICIAN'S NAME (Type) DI	. Max Herzh	erg			0	/				/
220. BURIAL, CREMATIO	N, 22b. DATE THEREON	19	22c. NAME OF CEN	LES O	R CREMATORY LICE	22d. LOCAT	Wille	rud	n	word.
23. FUNERAL DIRECTOR	SIGNATURE /	Porche	ADDRESS	ah	240. REC DATE	D BY REGIST	0	strar's SIGN	ATURE	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 by the hospital or attending physician.

\*\*POR: After this certificate has been signed by the attending physician and completely filled in by the control of the complete of the propers. Pages 1 and 2 standard far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 standard, cremation, ar removal, and in any event within 72 haurs after-death. TO FUNERAL DIRECTORS Should be the registror prior of TO HOSPITAL OR VS A15 (4) 15M 10/57

	THICATE OF DIATH		
		Commission of	L'AL
	H. II, F	lo vinigo manigue of	
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	refrest denomination, elected	un enem un y tra	
	17:03		
		Transfering Res . 10 Co.	

VS A15 (4) 15M 9/55 M

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
963	CERTIFICATE	OF	DEATH	

M

	OEK III IO			Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY	MARYIAND	o. STATE	ere deceased lived. If institution b. COUNTY	nı Residence befare admission)
PRINCE GEORGE'S		D.C.		1
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  HYATTSVILLE				n
d. NAME OF HOSPITAL (If not in haspital, give street of NASTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
CARROLL MANOR		1/20 M SIKE	161, N. W.	YES NO
3. NAME OF First DECEASED (Type or print) MARY ETIZABETT	ARYLAND  2. USUAL RESIDENCE (Where deceated lived. If institution residence before admission) b. COUNTY  D. C.  C. LENGTH OF STAY IN 1b  NOV. 1957  WASHINGTON, D. C.  d. STREET ADDRESS  1726 M STREET, N. W.  CECELIA Middle  LOST  PEATH  CECELIA Month  Doy Year  7. MARRIED NEVER MARRIED  10. DATE  DOY  10. MONE  10. DATE  DOY  10. DATE  DOY  10. MONE  10. DATE  DOY  10. DATE  DOY  10. MONE  10. DATE  DOY  10. MONE  10. DATE  DOY  10. DATE  DOY  10. DATE  DOY  10. MONE  10. DATE  DOY  10. MONTG. CO., MD.  10. S. A.  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. SOCIAL SECURITY NO.  17. INFORMANT  MSGT. JOSEPH T. Kennedy, Porest Glen, Md.  NONE  COLUMN AND DEATH  DOY  10. DATE  DOY  10. DATE  DOY  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. SOCIAL SECURITY NO.  17. INFORMANT  MSGT. JOSEPH T. Kennedy, Porest Glen, Md.  NONE  COLUMN AND DEATH  DOY  10. DEATH  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  DOY  11. MOTHER'S MAIDEN NAME  MARTHA BROWN  RCEST  10. DATE  11. DATE  11. DATE  11. DATE  11. DATE  12. LISTER  12. LISTER  MONTH  12. LISTER  13. DATE  14. MOTHER  15. DATE  16. DATE  17. DATE  18. LISTER  MONTH  19. MAS AUTOPSY  PERFORMED  PERFORM			
THE REAL PROPERTY OF THE PARTY			lost birthday)	
during most at working life, even if refired)				
NONE	NONE			U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
XX CHARLES A. ECCLES	STON	XX M	ARTHA BROWN	
(Yes, no or unknown) (If yes, give wor or dates of service)	Ms	gr. Joseph T.	Kennedy, Fores	t Glen, Md.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	rlino sol	erate Ha	ut of seas	e 20 years
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II af item 18.)	
Hour a.m. While	Not while for	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 17.5 7 9  ACTUAL SIGNATURE PHYSICIAN'S W. II. C. IV. P. A.	7 70	occurred at 12.05	M, from the causes ar	nd on the date stated above
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1/20/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or FOREST GLEN, M	
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC.	ADDRESS	ING. MD. 240. REC'D	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

	HE OF DEATH	ADHITHOD		
		arte man		
		Treet Year		
	A STANK K SELE			
	THE T SHEET			
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	.02 .00 .0200			
			CHOX Notice	
a (	, we can enter			
	THE PROPERTY			
Million Committee of the Committee of th				Gill (Wheek I 170) (An invited (White I 170)
		National Court of	1/210/20	
				Service Health

01003

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO

Day Yeor 19 FUNDER LYEAR IF UNDER 24 HR Janurary Months Doys 12. CITIZEN OF WHAT COUNTRY? Address Address Same INTERVAL BETWEEN ONSET AND DEATH mould

PERFORMED? YES NO T

1959 that I last saw the deceased

ELI, Ma.

Greenbelt, Md.

22d. LOCATION (City, town, or county) (Stote)

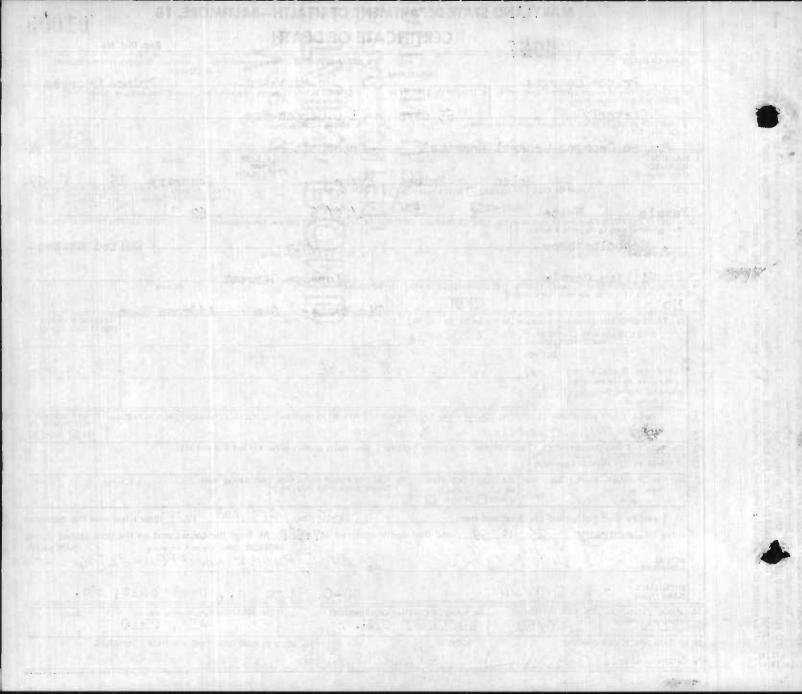
24b. REGISTRAR'S SIGNATURE

arthur S. Thank

(County)

(Stote)

15M 10/57



YES NO

Year

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIM	ORE, 18	01004
964	CERTIFICA	ATE OF DEATH	Reg. Dist. N	0.
PLACE OF DEATH O. COUNTY PRINCE GEORGE	E'S MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE  MARYLAN D	If institution: Residence belo. COUNTY PRINCE	GEORGE
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	nits, write RURAL and give n	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE

9302

ADELPHIA ROAD

(Type or print)	ANTHON	IY	F.	FEDERICI	DEATH	JA	N.	3	1	19 59
5. SEX	6. COLOR OR RACE	MARKIED AND INCIDENT MARKIED				DER 1 YEAR IF UNDER 24 HRS.				
MALE	WHITE	WIDOWED	DIVORCED	2-18-93		65 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION during most of world	ON (Give kind of work or king life, even if retired)	dane 10b. KIND O	F BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar foreign ca	untry)	12. CII	IZEN OF	WHAT	COUNTRY
OPERATING	ENGINEER	3		NEW YOR	RK			U.S.	. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					1
JO	HN FEDERI	CI			CAI	RRIE VE	NTUR	I		HE.
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		SECURITY NO. 17.	INFORMANT		Addr	ess Wa	sh.	D.	C.
VES	WWT	577-0	07-1364 1	rs. Rose Ku	ttne	5415	Conn	. AT	70.	N. V
	TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Coro	). (b), and (c).]	wifficiency	1, A	<b>n</b> '		ONSE		TWEEN
Conditions, if any, which ) (b) Hypelicesore & all reset to the Heart Mesente								o years -		
	gave rise to immediate couse (a), stating the under- lying cause lost.  DUE TO  Reverally of Ciliar Control  (c)							Us	Luc	un
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								T 1(a) 19	. WAS	AUTOPSY

CERTIFICATIO PERFORMED? millitu YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form,

Year 20d. INJURY OCCURRED 20f. (City or town) Day, (County) (State) Hour o. m. factory, street, affice bldg., etc.! While Not while 19 of work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from,

and that death accurred at \$30 A.M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED ACTUAL SIGNATURE

H. TRAUM 8237 GEORGIA AVE. SILVER SPRING, AARON

BURIAL, CREMATION, REMOVAL (Specify)	22b.	22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY			22d. LOCATION (City, tawn, or county)	(State)
DITTOTAT	1 7	17 (	=0	TOL	Timelan	Marra	 To 7 - d - w - leaseness	None

ADDRESS Wash. Heale A 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ST.

d be filled with uneral director ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs ofter death: Page the attending physician and completely filled in by Then please remave carbon papers. Pages 1 and 2 death. offer Then please remave event within 72 JOR: After this certificate has been signed by permit. in any burial, crematian, ar remayal, and ached for use as the burial-transit the hospital ar attending physician the registrar prior TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 1SM 10/57

1. PLACE OF DEATH

3. NAME OF

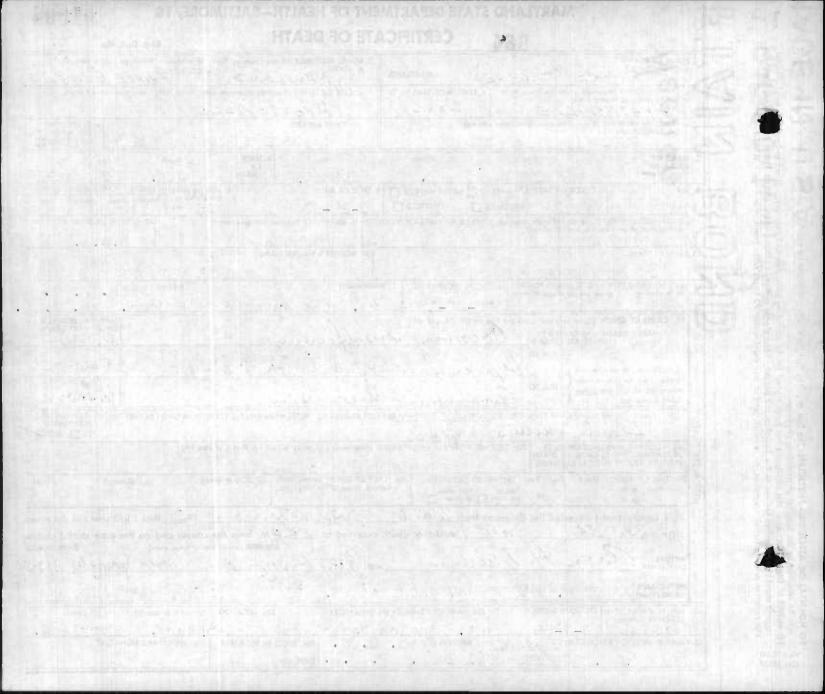
9302

ADELPHIA

First

ROAT

Middle



		i		X	1
urs ofter deoth: Poge 4		by 'in great director,	d 2 be filed with		
be executed within 24 har		and completely filled in	page 3 should the Gloched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2	er death.	(
at the death certificate b		y the attending physician	Then please remave car	event within 72 hours offe	
AN: The law requires th	ending physicion.	icate has been signed by	the buriol-transit permit.	or remaval, and in any	
R ATTENDING PHYSICI	d by the hospital or otte	RE TOR: After this certif	t stoched for use as t	ior to burial, cremation,	gi.
TO HOSPITAL O	way be retained	TO FUNERAL DI	Sy bage 3 should	the registror pr	

	QQ	ND STATE DEPARTA	ATE OF DEAT		IMORE, T	Reg. Dist. No.	01005
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (V	Where deceased I	lived. If institution		re admission)
Prince			Maryland	Prin	ce Georg		
RURAL and give	(If outside corporate limits, nearest lown)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpora	te limits, write RU	RAL and give nea	irest town)
Cheverl		31 D ys	X Glen Arder	<b>n</b>			
OR INSTITUTION	ITAL (If not in hospital, give		d. STREET ADDRESS	Ave.			on a farm? YES NO
B. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	h Doy	y Year
(Type or print)	Rebecca	La	Ferguson	DEATH	January	8	1959
s. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Colored		July 7 19	916	lost birthday)	Months Days	Hours Min.
		ne 10b. KIND OF BUSINESS OR IND	,			12. CITIZEN O	F WHAT COUNTR
during most of we	rling life, even if retired)	U.S. Gov't.	Maryla				
3. FATHER'S NAME		1	14, MOTHER'S MAIDEN	NAME		U.	S. A
			14. MOTTER 3 MAIDEN	· · · · · · · · · · · · · · · · · · ·			1
	Harrison	53 114 50 5141 55 51 51 51 51 51	Anna Han				
Yes, no. or unknown)	(If yes, give wor or dates of serve	ce)	INFORMANT Husbar		Addre	255	Glen Ar
			Ernest Fergus	son	McC	laine Av	re. Md
40	ATH WAS CAUSED BY:	Pneumonia	Uremia				ERVAL BETWEEN
PART I. DI  153,8  Conditions, if gave rise to cause (a), statinglying couse last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  any, which immediate 3 the under: (b)  CUE TO  (c)	Pneumonia C.V.A. Intestinal Obstr	uction Probab			or of col	et and death
PART I. DI  153,8  Conditions, if gave rise to cause (a), station lying couse lost  PART II. O	DUE TO  Only, which immediate (b)  Out to	Pneumonia  C.V.A.  Intestinal Obstr	ruction Probability NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	or of col	et and Death
PART I. DI  / 5 3 , 8  Conditions, if gave rise to cause (a), station lying couse last  PART II. O	DUE TO  Only, which immediate (b)  Out to	Pneumonia C.V.A. Intestinal Obstr	ruction Probability NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	or of col	ON  9. WAS AUTOPSY PERFORMED?
PART II. DI  / 5 3 / 8  Conditions, if gove rise to couse (a), statin- lying couse loss  PART II. O  PART II. O  OR CONTRIBUTIN  (IF EITHER, NOTIF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  any, which immediate 3 the under- THER SIGNIFICANT CONDIT  (c) THER SIGNIFICANT CONDIT  (AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)  (RY Month, Day, Year	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BU  D. DESCRIBE HOW INJURY OCCURR  20d. INJURY OCCURRED 20e. F	ruction Probability NOT RELATED TO THE TER	m Part I ar Part I	CONDITION GIVE	or of col	LOR  9. WAS AUTOPSY PERFORMED? YES NO
PART II. DI  / 5 3 8  Conditions, if gave rise to couse (o), stolin lying couse lost  PART II. O  PART II. O  OR CONTRIBUTIN (IF EITHER, NOTIF Hour o, m p. m	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  any, which immediate 3 the under- THER SIGNIFICANT CONDIT  (c) THER SIGNIFICANT CONDIT  (AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)  (RY Month, Day, Year	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BL  TO DESCRIBE HOW INJURY OCCURRED  While Not white of work of work of work contribution.	Puction Probability NOT RELATED TO THETER RED. (Enter noture of injury in the second s	minal Disease on Part I or Part I or Part I or Part II	CONDITION GIVE  It of item 18.)  It (awn)	(County)	OR  9. WAS AUTOPSY PERFORMED? YES NO (Stole)  we the decease the stated above.
PART II. DI  Canditions, if gave rise to couse (a), statin tying couse lost  PART II. O  PART III. O  PART III. O  CONTRIBUTIN (IF EITHER, NOTIF Hour o, m p, m  21. I certify alive on	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  any, which immediate g the under:  THER SIGNIFICANT CONDIT  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year  19  That I attended the death  A THE CAUSE OF DEATH THE CAUSE	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BL  TO DESCRIBE HOW INJURY OCCURRED  While Not white of work of work of work contribution.	Puction Probability NOT RELATED TO THE TER  EED. (Enter nature of injury in processing the property of the pro	minal Disease on Part I or Part I or Part I or Part II	or lawn)  1 of item 18.)  1 of them 18.)  1 of them 18.)	(County)	OR  9. WAS AUTOPSY PERFORMED? YES NO (Stole)  we the decease the stated above.
PART I. DI  Canditions, if gove rise to cause (a), statin lying couse last  PART II. O  PART II. O  20a, ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF INJU Hour o. m. p. m  21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  ON, which immediate g the under.  THER SIGNIFICANT CONDIT  (AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  ON, (22b, DATE THEREOF	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BUTTONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUTTONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUTTONS CONTRIBUTIONS C	PLACE OF INJURY (Home, for actory, street, affice bldg., etc., 1957, ta., the occurred at.,	minal Disease on Port I or Port I or Port I or Port I or Port II o	or lawn)  1 of item 18.)  1 of them 18.)  1 of them 18.)	(County)  (County)  (Athat I last sained an the data tote)	ON  9. WAS AUTOPSY PERFORMED? YES NO (State)  we the decease the stated above
PART I. DI  Canditions, if gave rise to cause (a), statim lying couse lost  PART II. O  PART II. O  PART III. O  OR CONTRIBUTIN (IF EITHER, NOTIF Hour o, m p, m  21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  270. BURIAL, CREMATI  REMOVAL (Specif BUT 28.1	THER SIGNIFICANT CONDITION  AS UNDERLYING CAUSE OF DEATH  YAS UNDERLYING TO  GO CAUSE OF DEATH  Y MEDICAL EXAMINER)  That I attended the death  ON, 22b. DATE THEREOF  Jan. 12	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BUTTONS COLUMN TO DEATH BUTTONS CONTRIBUTIONS CONTR	Probability of Related to The Terminal Probability Not Related to The Terminal Place Of INJURY (Home, for actory, street, affice bldg., etc., 1997, ta., ta., ta., ta., ta., ta., ta., ta.	minal Disease of the Port II or P	or town)  1 of item 18.)  1 of item 18.)  1 the causes aret, city ar town, si	(County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)	State)  (State)
PART I. DI  Canditions, if gove rise to cause (a), statin lying couse last  PART II. O  PART II. O  20a, ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF INJU Hour o. m. p. m  21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATI	THER SIGNIFICANT CONDITION  AS UNDERLYING CAUSE OF DEATH  YAS UNDERLYING TO  GO CAUSE OF DEATH  Y MEDICAL EXAMINER)  That I attended the death  ON, 22b. DATE THEREOF  Jan. 12	Pneumonia  C.V.A.  Intestinal Obstr  TIONS CONTRIBUTING TO DEATH BL  TO DESCRIBE HOW INJURY OCCURRED  While Not while of work of work of work of work.  19 J. and that death  A Holbrook Jr.  22c. NAME OF CEMETERY	Puction Probability NOT RELATED TO THE TER  PLACE OF INJURY (Home, for octory, street, affice bidg., etc.), 195—7, ta.  M.D.  OR CREMATORY  Cometery  24a. RE  N.W.	minal Disease of the Port I or Port I or Port I or Port I or Port II or Port	to de item 18.)  I of item 18.)  It town)  The causes are et, city ar town, si  ON (City, town, or ng to n, I are 24b. REGIST	(County)  (County)  (County)	OR  9. WAS AUTOPSY PERFORMED? YES NO (State)  (State)

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VS A15 (4) 15M 9/S5

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1053 CERTIFICATE OF DEATH

	2000	Keg, Dist. No.
	1. PLACE OF DEATH O. COUNTY PRINCE TEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE    2
i	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16   RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest fown)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION SUTT LAW NUYSING HOME	1 d. STREET ADDRESS 2709 Colebrook Drive YES NO DE
	3. NAME OF DECEASED (Type or print) Her main Pauson	Sould 4. DATE Month Day Year OF DEATH January 25, 1959
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy)  Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDAY during most of working life, even if retired)  Replication	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME  95 GQC Slould	14. MOTHER'S MAIDEN NAME Celia
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (1901 - 1904 578-42-533)	MFORMANT Address Tavold E. Gould - 2709 Colebrook Drive
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Tail (use	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) Auterioscle	Atic Heart Disezie / year
	cose (o), stoting the under- lying couse lost.  Co Auterioscie	erosis-Generalized 10 years
0	5 Cevebra Thrombosic	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PL While Not while of work 19 of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from January alive an January 25, 1959, and that death	7081
1	PHYSICIAN'S Walcutt W. Gibson	Washington 20, D.C.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIES TAN-28-19-19 AVINGTON NO.	actional Com. Arlington Va.
	23. EUNERAL DIRECTOR'S SIGNATURE ADDRÉSS B. Daneans Rus Ins. 2501-142	240. RECHE BY REGISTRAR 246. REGISTRAR'S SIGNATURE LIVING S. Trans

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	in Type College				
	S - 12 HOVE				
43-1-1-3-5		Sand Sale			
			AND THE PARTY		
				Eld mid no	4.7

9VVVVVVVXVV

		Keg. Dist.	140.
1.	PLACE OF DEATH  o. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE b. COUNTY ince G	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Morningside  c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
50	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION USAF Hospital Andrews, AAFB, 25, D.C	d. STREET ADDRESS 7616 Atwood St	IS RESIDENCE     ON A FARM?     YES    NO
3.	NAME OF DECEASED (Type or print) SUSAN LORRAINE	GRISWOLD 4. DATE Month OF DEATH Jan	Day Year 4 19 59
5.	Fem Cau WIDOWED DIVORCED	9 Sep 58  9. AGE (In years lost birthday)  9. AGE (In years lost birthday)	EAR IF UNDER 24 HRS. Hours Min.
10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NA  NA  NA	TIC	N OF WHAT COUNTRY?
13	). FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Richard Edward Griswold	Judith Barrett Newton	
IV IV	(es, no or unknown)   (If yes, give war or dates of service)	Father-Richard E Griswold-Same as i	tem 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pneumonia		INTERVAL BETWEEN DEATH CALLS
13, 1	1493 X DUE TO		<i>y</i> 443 5
V	Conditions, if any, which ) (b)		
	gave rise to immediate cause (a), stoling the <u>under-lying</u> cause last.    DUE TO   (c)		
CATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Hour o. m. While Not while at work 19 at work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  20f. (City or town) (Courted to the foctory)	nty) (State)
5	21. I certify that I attended the deceased from 3 Jan alive on 4 Jan 19 59 and that dec	, 19 59, ta 4 Jan , 19 59, that I los oth occurred at 1153 Am, from the causes and an the	t saw the decease
		ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE	M.D. USAF HOSPITAL ANDREWS	4 Jan 59
1	PHYSICIAN'S DOUGLAS E. PIERCE, CAPT, USAF	(MC) Andrews Air Force Base, Wash	25, D.C.
	REMOVAL (Specify) JAN. 7, 1959 22c. NAME OF CEMETERY	VOETS MOUTH VA.	(State)
23	INALDI FUNERAL HOME SIGHT N. L	MASA. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNI	

	CENTIFICATE OF DEATH		
		Same red.	
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nine all selection rest. 27, 21 Activities allowed as time results all res	I M The barroom Wood will be a		
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		horaco lactica fallo	

MARYKAND STATE DEPARTMENT OF MEATTH-SAFTMORE, 18

# TOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be form lifed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Boot if Health, or its designated agent, prior to buriot, cremation, or remayol, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 2

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01008 1054 EDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Disl. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
a county Truck gonges MARYLAND	o. STATE Tuaryland b. COUNTY Vruel Corys
b. CITY OR TOWN (If outside corporate limits with RURA) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares (Jown)
Hellerest Height, 2 years	X Hellcrest Heights
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
2501- norcross Street	2501- harcras St YES NO BY
3. NAME OF DECEASED (Type or print) Ludwell Deword	Hammer Death Doy Year 3 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	that he at the second s
Male White WIDOWED DIVORCED	January 7-5, 1911 47 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) U.S. Cerford	2 Vuguna 71.2.6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
affred & Hamman	Sade Fosler
	NFORMANT Address
(Year Der unknown) (If yes, give may or doles of saryice) 2 2 2 8-05-644) [	his hory Elizabeth Hamman pomocy to
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1976 NOTE TO DUE TO	
Condition If you wish	2 1 - 2 10 11
gave rise to immediate cause	ing woundy was
(e), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY
2 AKI II, OTTER SIGNIFICANT CONDITIONS CONTRIBUTION TO SEATT BUTT	PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. IS	YES NO [D
PRIMARY OLD CONTRIBUTING   200. DESCRIBE TOW INJUST OCCURRED. [6]	pler noture of injury ip Port I or Port II of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
P. m. / - 3 195 While Not while of work of work	Home Heller Head VS. my
21. I certify that I took charge of the remains described abo	eve, held an Autopsy . Inspection . Inquiry . and in my
opinion death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined manner
ACTUAL SIGNATURE COMPANY SOME	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) LAMES (50 VC	DEPUTY MEDICAL EXAMINER 1 / - 3 - 59
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL JAN. 7, 1959	CULPEPPER VA.
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
KINALDI TUNERAL HOME 816 HST. NE	NASH DOATE JAN 6 '59 arthur S. Thomas

BEARCHTALE HEATHROW EATERATE CHALLEN

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
X Prince Georges MARYLAN	Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 23hrs. 45 m	in & College Park
d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital  3. NAME OF First Middle	YES NO X
3. NAME OF DECEASED (Type or print) Walter R	Lost 4. Date Month Day Year OF DEATH January 16 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	7 8. DATE OF BIRTH 9. AGE (In years JE UNDER 1 YEAR IF LINDER 24 HRS
Widowed Divorced	lost birthdoy) Months Dave Harris
100 USUA OCCUPATION (Give hind of week done 104 KIND OF BUSINESS OF IN	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired U.S. Govt Naval Ordiance	Maryland United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Harr	Mary R Browning
NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANY Address
no	Mary E Wife Address Same
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), storting the under-lying couse lost.	eles lest are arter ONSET AND DEATH ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Haur o. m. 19 Of work 0 two work 120e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21, I certify that I attended the deceased from.	15, 195, to // Ce, 195 /that I lost sow the deceased
alive on Janurary 16 19 59 and that dec	oth occurred at 2:45 AM, from the couses and on the date stated obove
16-1-4	
ACTUAL SIGNATURE DELEVE	M.D. 47/2 Talung Of 1/16-9
ACTUAL MISTHERMAN	4/12 Boxwar De 1/1/19
ACTUAL SIGNATURE PHYSICIAN'S	M.D. 4 12 Telewan Day / (G) 7  Pelling a Dark My  Y OR CREMATORY   22d. TOCATION (City, Town, or county) (Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Etienne  220. RUMAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	M.D. 4/2 Relianted of //G/7  Pelling a Cart Aff  Y OR CREMATORY   22d. TOCATION (City, Town, or county) (Stote)

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n. PLACE OF DEATH o. COUNTY Prince Ge	orges	333	MARYL		2. USUAL RESIDENCE (Who, STATE  Maryl and		d lived. If instituti b. COUNTY Prince	an: Reside	orge:		ision)
b. CITY OR TOWN ( RURAL and give n	If outside carparate limi	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o	utside corpo					n)
OK INSTITUTION	TAL (If not in hospital, g		22 Minu	ites	X Brandywine  / d. STREET ADDRESS						SIDENCE A FARM?
3. NAME OF	eorges Gene		Middle	-	Rtl Box 3	4. DATE	Mon	oth	Do		Yeor
(Type ar print)	Baby	HA.	Boy		Hawkins	OF DEATH	Jan		19		19 59
S. SEX	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED		3. DATE OF SIRTH	۲0	AGE (In years lost birthday)     yrs.	Months Months		Hours	Min.
Oo. USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR		TRY 11. BIRTHPLACE (Stote	or foreign c		12. C	ITIZEN O	F WHA	T COUNTR
3. FATHER'S NAME	2.5 5.	Hau	okins		14. MOTHER'S MAIDEN N	IAME AND	rie.	52.0	4/		
	R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY NO.	17-19	harles y	4200	bin C	200	-6		, 1
Conditions, if o gove rise to i couse (a), stoting lying cause lost.  PART II. OTI	mmediate the under-	)	ONTRIBUTING TO DEAT	H SUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(0) 1	9. WAS	AUTOPSY
PART II. OTI	AS UNDERLYING []	20b. DES	CRISE HOW INJURY OC	CURRED	. (Enter nature of injury in P	Port I ar Par	t II of item 18.)				ORMED?
20c. TIME OF INJUR Hour o. m.	MEDICAL EXAMINER)	While	_ Not while_		CE OF INJURY (Home, farm, ary, street, office bldg., etc.		or tawn)		(County)		(Stote
	nat 1 oftended the 19-59 Fluid (	deceas 19 Per	ed fram 1-19-	-	occurred of 7:421	M, from		and on		te stat	
20. BURIAL, CREMATIO REMOVAL (Specify) 3. FUNERAL DIRECTOR	1-23-	59	22c. NAME OF CEMET  ADDRESS	ERY OR	24g. REC'E	D BY REGIST		STRAR'S S	IGNATU		te)
INR HUN	7725/X	a to	one Wald	DOY,	M & DATEAN	2 6 '59	C.N.	wa L	Throttel		

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		* 4 *	debm J. Palem	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fary and 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo if Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7001					Reg. Dist	. No.
PLACE OF DEATH	TOOT		2. USUAL RESIDENCE	(Where deceased	lived. If instituti	on: Residence	e before odmission)
a. COUNTY	Prince George	B MARYLAND	o. STATE Mary	land	b. COUNTY	P	Geo.
b. CITY OR TOWN	It autside corporate limits, write RURA		c. CITY OR TOWN		rale limits, write F	RURAL and g	
and give nearest tow	Cheverly	D.O.A.	X Fleto	chertown			
d. NAME OF HOSPI		in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles	Middle	lenson	4. DATE OF DEATH	Month Januar	y 20	Day Year 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9		IF UNDER 14	EAR IF UNDER 24 HES
Male	Colored WIE	OOWED DIVORCED	11-30-04		54 yrs.	Months Do	ays Hours Min.
during most of work	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUS Railroad	Maryland	te or foreign cou	intry)		N OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Arth	our Smith		Geor	rgianna	Henson		
15. WAS DECEASED E	VER IN U. S. ARMED FORCEST		INFORMANT		Address		
(Yes, no, or unknown)	(ii) juli gira narata anata an		Henrietta Jo	ohnson;	same add	ress a	as #2.
	ATH (Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c). ]	stion				INTERVAL BETWEEN ONSET AND DEATH
420.1	DUE TO	Common one	and an				
Conditions, if		Coronary occlu	retou				
(a), stating the cause last.	underlying DUE TO	Coronary scle	The same of the sa				
PART II. OT	HER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIVE	N IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	INTRIBUTING []	SCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Po	ort I or Port II of	item 18.)		
Y 20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PU While Nat while fac at wark	ACE OF INJURY (Home, for tary, street, affice bldg., et	em. 20f. (City o	f town)	(Caunt	y) (Stote)
21. I certify t	hat I took charge of	the remains described abo	ove, held an Autop	sy 📆, Ins	pection 🔂	Inquiry	and in my
apinian death	resulted fram: Natu	ral causes 🔀, Accident	, Suicide .	Homicide [	, Undeter	mined mo	nner 🗆
	1/						
		Al - Vone	M.D. CHIEF MEDICAL	EXAMINER [			DATE SIGNED
ACTUAL	John. 1- 4	VICIONIVICAL					
SIGNATURE	John J. 4	vacovery	ASSISTANT MEDI	CAL EXAMINER	0 .		
	John T. Malor	nev. M.D.		THE RESERVE	D J.	anuary	20, 1959
EXAMINER'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify		ZZC. NAME OF CEMETERY OF	ASSISTANT MEDI- DEPUTY MEDICAL R CREMATORY	22d. LOCATIO	J. ON (City, tawn, or	county)	(State)
EXAMINER'S NAME (Type)  220. BURIAL, CREMATIC	1-27-59	ZZC. NAME OF CEMETERY OF	ASSISTANT MEDI- DEPUTY MEDICAL R CREMATORY Church	22d. LOCATIO	J. ON (City, town, or Arunde	county)  1 Cot	(Slote)

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oge	TO FUNERAL DIRECT After this certificate has been signed by the ottending physicion and completely filled in by the freezy directs page 3 should be exacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offerdeath.
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	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1056	CERTIFICATE	OF DEATH	

							Reg. Dist	No.	
o. COUNTY Prin	ce George's	MARYLAND	2. USUAL o. STATI			b. COUNTY			
b. CITY OR TOWN (If RURAL and give ne	outside corporate fimits, writ orest lown) e Md	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If o		rote limits, write R	URAL ond gi	ve nearest to	wn)
OR INSTITUTION	AL (If not in hospitol, give stre	eet address)		et ADDRESS	ad	Box 387		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Robert	Clinton Herrm		Last	4. DATE OF DEATH	Janu		Doy 13	Yeor 19 59
s. sex male		ARRIED NEVER MARRIED DIVORCED DIVORCED	Nov 5	BIRTH 1893		9. AGE (In years lost birthday) 05 yrs.	-	YEAR IF UN Days Hour	
Og USUAL OCCUPATION during most of working to the transfer of	N (Give kind of work done ling life, even if setired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIR	Penns;				S A	AT COUNTRY?
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN N	IAME				2 1
	illiam F Her			herine	Shir	ly			
	IN U. S. ARMED FORCES? If yes, give war or dates of service  WW 1		len He	rrmann	Ar	dmore Md			
PART I. DEAT  420.1  Conditions, if on gove rise to in couse (o), storing I	nmediote (	Hypertur	dis	He	of or	den	e-l	INTERVAL ONSET AN	BETWEEN ID DEATH
ZOO. ACCIDENT WAS		IS CONTRIBUTING TO DEATH BU					EN IN PART	1(o) 19. WA PER YES [	FORMED?
O CONTROL OF INJURY HOUR O. M. P. m.	MÉDICAL EXAMINER)  ( Month, Day, Year 20d Wh		ACE OF INJU	RY (Home, form, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the alive on	at I attended the dece	osed from Man				n the causes of reet, city or town,	ind on the		
PHYSICIAN'S NAME (Type)	F. E. Mu	SSEY, M.P.							
20. BURIAL, CREMATION REMOVAL (Specify) Burial	1/16/59	PAR NAME OF CEMETERY C	ationa	k 1	Arlii	ngton Vi	rgini		lote)
3. FUNERAL DIRECTOR'S		ADDRESS		24a. REC'D	BY REGIST		TRAR'S SIGN		
. Ga	asch's Sons	Hvattsville M	d.	DAYEAN	1 6 '59	art.	w 8. th	Aug	

Ar 2 0 449	RICATE OF DEATH		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1057 CERTIFICATE OF DEATH

								vad. Dis		
1. PLACE OF DEATH o. COUNTY Prince	ce George	s	MARYL	15	2. USUAL RESIDENCE (V o. STATE Marvl		d lived. If instituti b. COUNTY		ce before o	
b. CITY OR TOWN (If outs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Clinton				c. CITY OR TOWN (III	outside corpo	rote fimits, write R			
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, gi	ve street o	oddress)		d. STREET ADDRESS				1 0	S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First WIL:	LIAM	Middle ARTHUR	Н	Lost INDLE	4. DATE OF DEATH	Mor Januar		Day	Yeor 19 50
5. SEX 6. C		7. MARRI	IED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		JNDER 24 HRS.
100. USUAL OCCUPATION (Goduring most of working line Retired Farm	ive kind of work de fe, even if retired)	one 10b. I		_ ; ;	May 2 , 180	e or foreign co	68 yrs.			HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	Platyta	nu o	· W· A.	
William	Hindle				Emma G	reer				
15. WAS DECEASED EVER IN 1 (Yes, no. or unknown) 1 (If yes,	U. S. ARMED FORC	ES? 16. S	SOCIAL SECURITY NO.	17. INF	ORMANT		Add	ress		
No		No		Mr.	Earl Hindle	(Son)	. Bel A	lton	Mary	rland
420. / Conditions, if any, w	AS CAUSED BY: EDIATE CAUSE (o) DUE TO	se per lin	Preyoco		Inference !	etion.	no Des	·		AL BETWEEN
gove rise to immed couse (o), stating the unitying couse lost.	nder- DUE TO	ITIONS C	ONTRIBUTING TO DEAT	Egi	T RELATED TO THE TERM	~				
CATI				84				EN IN PAKI	PE	ERFORMED?
	DERLYING [] AUSE OF DEATH CAL EXAMINER)	06. DESC	RIBE HOW INJURY OCC	CURRED.	Enler nature of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJURY M. Hour a. jr. p. m.	onth, Day, Year 19	20d. IN While of work	_ Not while _	0e. PLAC foctor	E OF INJURY (Home, far y, street, office bldg., el	m, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify that I alive on /-30		decease , 19			., 19 <u>5</u> 7, to_ccurred at 48 A	1-3/ -M, from ADDRESS (SI	the causes o	ind an th	ast saw to	the deceased tated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)	.chara	H	Dobson.			05.	2 cm 1-			
220. BURIAL, CREMATION, 22 REMOVAL (Specify)	2/3/1959	1	St Ignati				Top, Ma			(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE AREHART FUNE	THE ST	in IN	C. * LA PLA	1400	MR 376 240. REC	'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIG	NATURE	

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				et Execute St	E12 107
STATE SHAPE		-1 -		NAME OF STREET	

ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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third	1.	PLACE O	F DEATH
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72 hours after death. After director, the third copy of		CITY (If ou OR and s TOWN	tside corporata limit
og dii		HOSPITAL O	OR
by the funeral	3,	NAME OF DECEASE (Type or Print	D 1/1 -
	5.	SEX	6. COLOR OR
å i	10e	USUAL OCC	UPATION (Give kin

#### ARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01015

## CERTIFICATE OF DEATH

LUUZ	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Clarge MARYLAND	STATE /Md COUNTY Pr. George
CITY (If outside corporata limits, write/RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
TOWN Laurel 46 ype	41 TOWN Laurel
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Matthe	pkins DEATH January 29 19 59
5. SEX 6. COLOR 7. SINGLE, MARRIED, 8. DATE 9	
(Specify) widewel lan	18/89/ 67 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even, if OR /INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) planses the Hame	Manyland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John + Milbrook	Claney Lett
15. WAS/DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, no, or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS
no man in ras, give wai of dates of service)	- 1. Hailey Happing Lamel My
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
199 MAMEDIATE CAUSE (A) Culmonary	Impleme 11Kr
ANTECEDENT CAUSE(S) DUE TO	9. 0. 0.7.
DISEASES OR CONDITIONS, IF ANY, (B)	Lover Splee + mushing 19
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	liste Asspleent Low YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2-CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(Steta)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	, 19 3., to fall 29., 19.5.9., that I last saw the deceased
SIGNATURE 4 AMAZIM	ADDRESS (Straat, city, town, state) DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (State)
BREMOVAL (SPECIFY) 11 1900	no contraction of the contractio
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE FEB 3 '59 Carling S. France	De Witt Day of the 1 has
DATE	THE THE TARREST AND A STATE OF THE PROPERTY AND A PORT OF THE PARTY AND A PORT

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gas something . . . A 3 Three Company Toronto Support Control 2000 THE STATE OF THE PARTY IS A LIGHT If any or person in the John T. Meloney; M. D.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RURAL and give negrest town)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington. D. C.

d. STREET ADDRESS IS RESIDENCE ON A FARM?

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION - dv vs YES NO T NAME OF First Middle DATE Day Year DECEASED (Type or print) DEATH ,519 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Hours WIDOWED TO DIVORCED [ cema 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Lesieun 18. CAUSE OF DEATH [Enter only one couse per line for, (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour o. ft. While Not while at work at work p. m.

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

(Stote)

21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 12.41 M, fram the causes and on the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** 

240. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE

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		FUUL	CERTIFICA	ALE OF DEA	AIH		Reg. Dist.	No.	
1. 6	COUNTY GOOT	ge¹s	MARYLAND	2. USUAL RESIDENCE Maryland	E (Where deceased live	d. If institution b. COUPPT	n: Residence	before od	lmission)
	Riverdate		17 days	Lanham	(If outside corporate I	imits, write RU	RAL and giv	e nearest	town)
Eu	name of Hospital	(If not in hospital, give street Memorial Hospital	spital	/ 23 Fow I	r Lane			0	RESIDENCE N A FARM?
3. N D (1		nie) Elizabe		ewell Lost	4. DATE OF DEATH	Jan •	h	8,	Yeor 59
	Remaile	WILLE	WED DIVORCED	B. DATE OF BIRTH  29 Mar. 19	) i	s birthday) yrs.		YEAR IF U	NDER 24 HRS urs Min.
0a.	Housewife	(Give kind of work done 10 life, even if retired)	b. KIND OF BUSINESS OR INDU Own Home	Marylar Marylar		')		S.A.	HAT COUNTR
	ATHER'S NAME  illiam Emmo	ons Blanchard		Mary Jane					
IS. V		U. S. ARMED FORCES?		nformant izabeth Tal		Phelip			er)
	Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	DUE TO  which lediote under. (b) CDUE TO  CC (c)	Ironie py	elonegsh	nites				
CERTIFICATION			CONTRIBUTING TO DEATH BUT				N IN PART 1	PE	AS AUTOPSY RFORMED?
- 1	20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injui	y in Port I or Port II of	item IB.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil		ACE OF INJURY (Hame, tory, street, affice bldg	form, 20f. (City or to	wn)	(Cou	inty)	(Stote)
	actual SIGNATURE PHYSICIAN'S	RReer	osed from December 29 , and that death 20	accurred at	M, from the ADDRESS (Street,	e Causes an	nd an the	date st	he decease tated abav DATE SIGNI
220. B	BURIAL CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION Bealls	(City, town, or	county)_	ylan	State)
	. Gasch's		ADDRESS ille, Maryland	240.	REC'D BY REGISTRAR JAN 1 3 '59		RAR'S SIGN		

DATE

heral director, eath. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the decth certificate be executed within 24 haurs aftimay be retained by the hospital or attending physician.

TO FUNERAL DIRECTAL A: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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MARYLAND STATE DE ARTAGRAL OF MEARTH-BELT MUDIC. DE

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MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY

please remave carbon papers. within 72 hours after death.

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requires that the death certificate be

1. PLACE OF DEATH

TO FUNERAL DIRECTORS Should be 3 O HOSPITAL VS A15 (4) 15M 10/57

Prince Georges	MARTEAGO	Mamrla	nd	Pr	ince	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limi	ts, write RURAL or	d give nea	rest town)
Cheverly	7 hours	Bladensbur	33			
d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS	6		1	. IS RESIDENCE
OR INSTITUTION		<b>77.00</b> 4	7. 7			YES NO
	ospital	2-0-	olis Road			
DECEASED	obert -	Last	4. DATE OF	Month	Day	Year
William William	Jones		DEATH	Janurar		19
SEX 6. COLOR OR RACE 7. MARR	IED THE NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UND		IF UNDER 24 HR
Wale White WIDOWE	D DIVORCED	Sept. 1897	1/69	61 yrs.	Days	Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b.			te ar foreign country)	12.	CITIZEN O	F WHAT COUNT
Jall mkeeper life, even if refired)	r. Geo. Count	y   West V	/irginia	-		01 - 1
. FATHER'S NAME		14. MOTHER'S MAIDEN		U	nited	States
Joseph J. Jones		Mary Be				
-			888			
(et. nostrunhour) (If yes, superor or dutes of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address		
res wwr	1	Jargaret L	Wife A	ddress S	9m e	
18. CAUSE OF DEATH [Enter only one couse per			0		INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rock - 8 ha	1.	0, 5	11.00	ONS	ET AND DEATH
331× IMMEDIATE CAUSE (6)	ought run	wings;	v., ma	sucer	0	· UAVU
DUE TO	10 TO	./				11 1.
Canditions, if ony, which ) (b)	service ny	herlense	m		/	unger
gave rise to immediate couse (o), stating the under-	//					
lying couse lost.						
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN P	ART 1(a) 15	. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS C  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]						PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRED	/Fater nature of injury is	Post Los Post II of its	nm 18 1		155   NO
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ANDE HOTE MOORE OCCURRED	. (Lines noiste of mjory to				
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. 19 While at work	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, failory, street, affice bldg., e	rm,   20f. (City or town	1)	(County)	(Stat
p. m. 19 at work	IAOI MINIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21. I certify that I attended the decease	d from 1/18/59	10 io	1/19	1059 Ab-A	I I was a second	4 - 1
		, 19, to		, 1957, that		
alive on Janurary 19, 19	9-,-, and that death	accurred at 2;35	M, fram the	causes and an	the dat	e stated abo
LACTURE of a . A	//	51001	ADDRESS (Street, city	or town, state)		DATE SIGI
SIGNATURE SILLING Jane	Aman 1	A.D. TOLU	madelis	ad. Ode	GHOFE	m. 1/19
PHYSICIAN'S				7	21.	0
NAME (Type) Dr. Kauffman						
o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	by town or count	d.	(State)
REMOVAL (Specify) 1/21/59	Arlington		Arling		//	(State)
2/ -2/ 00						Va.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4739 Ba		C'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATUR	E
Francis Gasch's Sons H	yattsville, M	d. DATE	IN 2 1 '59	Carthan	0 4	
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A POST OF BEAUTIFUL OR A SECOND OF THE SECON	WATER HATE SHIP	
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TRANSPORTED TO THE PROPERTY OF THE PARTY OF		The land mout of the to a
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01022

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. [
EALTH DEDT		

Dist. No.

PLACE OF DEATH	nce Georges	MARYLAN	O. STATE NO	Where deceased lived. If	institution: Residence to	
b. CITY OR TOWN end give nearest to Chever	(If outside corporate limits, write & wn) Y	c. LENGTH OF STAY IN 1		If outside corporate limits, Riverdale	write RURAL and give	neorest town)
	orges General	not in hospital, give street address) Hospital	6018 Sheri	dan Street,		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	LILLIAN	MAE	KATES	4. DATE OF DEATH Janua	Month Do	Yeor 1959
5. SEX Female	TATIO 4 de a	MARRIED NEVER MARRIED NOT	June 10th, 1	878 9. AGE (In y lost birthdo)	yrs. IF UNDER 1YEA	R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPA during most of work Housewill	ing life, even if refired)	ne 10b. KIND OF BUSINESS OR IND At home	Pulaski,		12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME Samuel	Blanton		14. MOTHER'S MAIDEN Susan Ho	NAME 1land		
15. WAS DECEASED I	EVER IN U. S. ARMED FORCE (If yes, give war or doles of ser		Evelyn L. Wil		ddress lison St.H	yattsville Md
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which ediote couse	per line for (o), (b), ond (c).] Cardiovascular re-		k and extremi	Or	TREVAL BETWEEN USET AND DEATH
3		TIONS CONTRIBUTING TO DEATH BU			N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO X
	AUSE WAS ONTRIBUTING C	DESCRIBE HOW INJURY OCCURRED Lething caught fi				
20c. TIME OF INI	,	20d. INJURY OCCURRED 20e. While Not while Ba	PLACE OF INJURY (Home, for being, less home	East Rive	rdale, Pr.	Geo.Co., Md.
		of the remains described a atural couses . Acciden				
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John T. Malo	aloney	M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	CAL EXAMINER	Jan	.9th, 1959
220. BURIAL CREMAT REMOVAL (Speci Burial	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City. ) Arlington,		(Stote)
23. FUNERAL DIRECTO		Riverdale, Md.		JAN 1 2 '59	arthur S. H	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is necess execute the certified, writing the word "pending" in pendil in Item. 18. Give Poges 1, 2, and 3 to the funeral direct a should be form and a should be form the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. VS. A15ME 5M 2/57

- MERICAL EXAMINER'S CERTIFICATE OF REALTH - BALTIMORE
- MERICAL EXAMINER'S CERTIFICATE OF REALTH

STATE

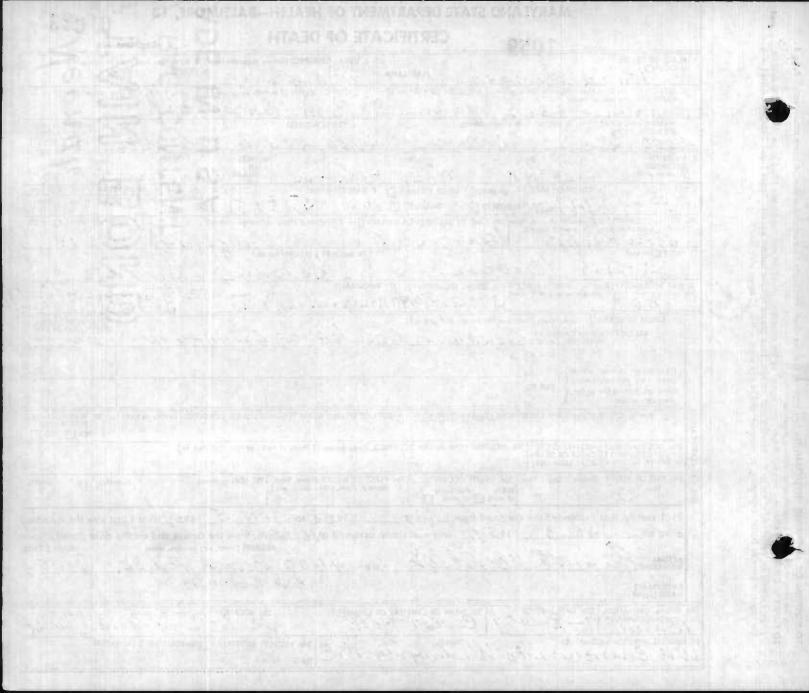
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are the or attitude	Dall, Berry	6.7	
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		s stated over 15	

VS A15 (4) 1SM 10/57

01023

ICA	ATE OF DE	ATH		10		Reg. [	Dist. No	).	
	2. USUAL RESIDEN	ICE (Where	deceased			n: Reside	ence befo	ore admis	sion)
ND	o. STATE	ule	n1	b. C(	YTAUC		Pr.	Gen	
16	c. CITY OR TON	1		ote limits,	write RL	JRAL one	give ne	earest tow	n)
PRI	X Bra	de	ure	1 f	as	1/2			
	d. STREET ADD	RESS	1	0.	,	<b>1</b> 1 1 1 1		ON	SIDENCE,
	6000 6	Man	dej.	SIM	00	11/3		AF2 [	] NO []
-	lost		OF DEATH	1.	Mant		D	ОУ	Yeor
_	INCAD	=			NUA		<u> </u>	D 15	19-34
	9 DATE OF BIRTH	-18	98	lost birt	years hdoy) yrs.	Months	Days	Hours	ER 24 HRS. Min.
NDUS	TRY 11. BIRTHPLACE	E (Stote or	foreign cou	untry)		12. C	ITIZEN (	OF WHA	T COUNTRY?
a	0	1	119		-		11	P X	I
=1	14. MOTHER'S MA	AIDEN NAM		in	-	2	6	7/	
	1.66	man	1.2		El	2200	2.00	27	
17. II	NEGRMANT	500	and a	2	Addre	255-0	1	071	100 1
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7 / 0		100	vu)		_ول	m	Pre	1466	1, mc
2	0.1		F.				ON	SET AND	DEATH
L	LL CA.	01-	5501	PHH	G 4	2	- 4	tn	20-
BUT	NOT RELATED TO TH	E TERMINA	L DISEASE	CONDITIO	ON GIVE	EN IN PA	RT 1(0)	19. WAS PERFO YES	DRMED?
JRREC	). (Enter noture of in	jury in Port	l or Parl	II of item	18.)		-		
e. PLA	CE OF INJURY (Hon tory, street, office ble	dg., etc.)	20f. (City o	or town)			(County)		(Stote)
	1952.	0 1/2	1N.	5_, 1	959.	,that I	last s	aw the	decedied
eath	accurred at/6	LYSA	M, fram	the car	uses ar	nd an	the do	ite stat	ed abave.
			DRESS (Stre						ATE SIGNED
	M.D. 440	00/	Bow	en	12	1.5	5	S	M)5.14
	W	4341						1	10 - 12 - j.
SY O	CREMATORY	22	d. JOCATI	DNIICIN	lown, ar			15	
14	ill.	-	X.	11/1	ing	154	ma	seft	and
K.	12 - 24	a. REC'D B	Y REGISTR	AR 24b	REGIST	TRAR'S S	IGNATU	RE	

arthur S. Kines



VS A15 (4) 15M 9/55 M

01024

967 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	71107 07 07 0	77.0	M	ARYLAND	2. USUAL RES			d lived. If institu		ence befor	e admission)	
	b. CITY OR TOWN (I	FINCE CEORC  f outside corporate limit		c. LENGTH OF S	TAY IN 1b	c. CITY OR		NGTON	rate limits, write	RURAL one	d give nea-	rest town}	
	RURAL and give ne				-11					11	4 4	2	
		SVTLLE AL (If not in haspital, g	ive street	oddress)	otns_	d. STREET		NGTON.	D.G.	,		. IS RESIDE	NCE RM?
		OLL MANOR					1500	MASSAC	HISETTS	AVE	NT Tot	YES N	
3.	NAME OF DECEASED	Fire	st	Mi	ddle	to		4. DATE	M	onth	Day	Yeo	r
	(Type or print)	PLATO		ELTAS		KREAM	R	DEATH	7	-	7)	19	59
5.	SEX	6. COLOR OR RACE	7. MARI	HED NEVER MA	ARRIED 🔯	B. DATE OF BIRT			9. AGE (In year lost birthday)		-	IF UNDER 2	-
	MALE	WHITE	WIDOW	DIVO	RCED	7 - 2	- 187	0	70 yr		Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work o	ione 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHP			ountry)	12. C	ITIZEN OI	WHAT CO	UNTRY?
	CTVTI, EN	ing life, even if retired) 고구자파다		II.S. GO	VIT.	.TR	SOP.	TOMA			TT	SA	
13.	FATHER'S NAME			0.0.00		14. MOTHER							
	TTO A MIXT	IN D. KREAM	ED.				STICA	M MIICO	SELMAN				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17, 1	NFORMANT A	Cuon	) HOUSE		dress			
(71	n, no or unknown)	If yes, give wor or dates of se	ervice)	NONE	1/1,	itea lh	an The	1611 -	- 10	.00	111	11	
		TH [Enter only one co	use per li		(c).1	1	2701100	7000			INTE	RVAL BETW	FEN
		TH WAS CAUSED BY:		190000	wort.	in l	1.0	una	1. 200			T AND DE	
	1810	IMMEDIATE CAUSE (o)		Co gar	Tilledel	20	egu	TERR	2011				
	Conditions if a		/	K Para	1 4								
	Conditions, if an	nmediate	- L	2.4666	1	000	,		1 1				-
	lying cause last.		1	nyme.	2221	1/11	ilaid	11.1	Wend	for			
z		) (c) IER SIGNIFICANT CONI		CONTRIBUTING TO	DEATH BUT	NOT PELATED T	THE TERM	NIAT DICEAS	E CONDITION O	IVENI INI DA	A PT 1(a) 16	WAS ALIT	OPCV
CATION	TAM 11. OII	ick storm text of con	JIIIO143 <u>S</u>	ONIKIBOTINO TO	/	NOT KERTED I		IGAL DISEAS	CONDITION	IAEIA IIA LA	X ((0) ()	PERFORMI	ED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	RY OCCURRE	D. (Enter nature	of injury in I	Part I or Par	I II of item 18.)				
X	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	20f. (City	or town)		(County)		(Stole)
MEDIC	Hour o.m. p. m.	19	While	Not while	foo	ctory, street, offic	e bldg., etc.	.)			(Coomy)		(310.6)
	21. I certify th	at I ottended the	deceas	ed from. 10	120/	58. 195	, to/	1/15	4 , 195	,that	I lost sa	w the de	ceosed
	alive on	43	, 190	, and t	hat deoth	accurred of	5,405	_M, from	n the couses	and an	the dat	e stoted	obove.
	//	1 /1/1	11?	17					treet, city or tow		0 .0		SIGNED
	SIGNATURE	chard I.h	PI	Muly		M.D. 73	231	Hava	Md St	-	lelive	Sor	wells
	PHYSICIAN'S	/ 5						,		7		7	7
	NAME (Type)												
22	BURIAL, CREMATIO REMOVAL (Specify)	Jan 16	1959	mt ol	CEMETERY O	R CREMATORY	4	22d. LOCA	ashen	or county	D	(Stote)	
23	FUNERAL DIRECTOR			ADDRESS	2224	4/15	240. REC'	D BY REGIST			SIGNATUR		
1	Jallal	7	1	· Aus		DC	DATEJAN	21 '59		illing S.	Kraus	L	
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	E OF DEATH	CERTIFICAL	**************************************	
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Sevenie - President				
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			770 5-1001	

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	delibra	7		

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9 RS.

1060	CERTIFICA	ATE OF DEATH	Reg. Dist.	() 1 () () () () () ()
Prince George	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY Princ	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) N. Forestville	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate North For	prote limits, write RURAL and giv	
d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION 3300 82nd. Avenue	)	d. STREET ADDRESS 3300 82nd. A	venue	e. IS RESIDENC ON A FARM YES NO
3. NAME OF First DECEASED (Type or print) MATTHEW	Middle	Lost 4. DATE OF DEATH	January 20,	Day Year 19 5
5. SEX   6. COTOR OR RACE   7. MARRIED X	DIVORCED	June 26, 1922	Invate and the second	YEAR IF UNDER 24 H oys Hours Mir
Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ret.Investigator-Dep't.				USA

	Ivle	actnew e		<u> теаегта</u>	1	Maga	e I i n	<b>EXHOXXXAM</b>	KKMAR	1
1Ye	s. no.	or unknown) 1 (If		ARMED FORCES?	16. SOCIAL SECURITY NO.				Address	
]	(e	3   1	WWI	I	143-16-912	Madeline	Fox	Lederman	2-d	above
	18.				per line for (a), (b), and (c).]	\$ no	1	1		INTERVAL BETWEEN
		PART I. DEAT		CAUSED 8Y:	Jarcomi	z. rea	Lex	tea		ONSET AND DEATH
		199.1		DUE TO				1		

Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. 11. While Not while p. m. at work at work

21. I certify that I attended the deceased fra that I last saw the deceased alive on AM, fram the causes and on the date stated above. DATE SIGNED

ACTUAL PHYSICIAN'S

DC3

NAME (Type) 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 220. SURIAL, CREMATION, 22d. LOCATION (City, town, or county)

Pa.Ave.,SE

REMOVAL (Specify) Arlington Nat.Cem 23. FUNERAL DIRECTOR'S SIGNATURE Q ADDRESS

T.Rvan.Inc.

240, REC'D BY REGISTRAR DATE AN 2 3 '59

24b. REGISTRAR'S SIGNATURE

Arlington, Virginia

(Stote)

Catherine

Ineral director, in by completely filled popers death. ond corbon ofter physicion attending 0 Then event þ permit. in ony certificate has been signed remaval, and as the burial-transit cremotion, etoched for use the registrar prior to TO FUNERAL DIRE

13. FATHER'S NAME

death. Page

within 24 hours offer

executed

TENDING PHYSICIAN: The law requires that the death certificate be ar attending physician may be retained O HOSPITAL

VS A15 (4) 15M 9/55

	HTASC TO STADISTICATE OF DEATH
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on and various section.	
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	THE RESIDENCE OF THE PARTY OF T
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should be executed within 24 hours ofter death. If any delay is necessory, please	ig" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of tor. Page m -	ominer's Office olong with form PM3. Page 5 may be retained to our files.	as a buriol-transit permit. File pages I and 2 with the State Board of Health, I'N	stignated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.
ertificate s	f "pending	edical Exo	be used as	d. cremotic
R: This o	the wor	Chief M	should	to burio
AMINE	writing	to the	Poge 3	1. prior
CAL EX	ate,	paper	ECTOR:	d ogeni
Y MEDA	the cer	be for	AL DIR	signate

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH DEPT. M

0	1	0	2	5	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	
1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before c	dmission)
O. COUNTY	rainission)
MARYLAND Varyland 1. Sep	
b. CITY OR TOWN (If outside corporate limits, write that LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and Give neares	t town)
Thresdale 32 years Thresdale	
	S RESIDENCE
	ON D
3. NAME OF First Ajddle Date Month Doy	Yeor
(Type or print) Wary Chan latte Timber DEATH 1-3-	1959
5. SEX A 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours I FUNDER LYEAR IF U	NDER 24 HRS.
Transcell 1 1 + www. Transcell C + 15 - 1894 - log birthdor) Months Days Hou	rs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLAGE (State or foreign country)  12. CITIZEN OF WH	IAT COUNTRY?
dyring most of working life, even if retired)	AI COUNIKII
Housewife Mashington, Der 11-5.	u.
13. FATHER'S NAME	
Henry a. Sander Sollie Decker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
No Junhard; same addres	01
18 CAUSE OF DEATH [First only one course per line for (a) 15 and (c).]	FTWIFN
PART I, DEATH WAS CAUSED BY:	DEATH
IMMEDIATE CAUSE (o) Person congressive parties	
THE TO DUE TO	
Goverise to immediate cause (b) Langhovascular renal disease	
(a), staling the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W	AS AUTOPSY REORMED?
YES [	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) > (County)	(Stote)
Hour o, m. While Not while factory, street, office bldg., etc.)	
21. I certify that I took charge af the remains described above, held an Autapsy [], Inspection [2], Inquiry [3],	and in my
opinian death resulted fram: Notural causes , Accident , Suicide , Homicide , Undetermined manner [	
1 - Note - Out 1	TE SIGNED
SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	IE SIGNED
ASSISTANT MEDICAL EXAMINER []	ON IN
NAME (Type) TOAN TO MALDNE CI, M.D DEPUTY MEDICAL EXAMINER 58 JOHN 3-1	709
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Chy. town, or county)	State)
RETRUTTATIVE Jan 6, 1958 Fort Lincoln Cemetery   Colmar Manor, Md.	11 - 3.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
F. Gasch's Sons Hyattsville Md. DATE JAN 5 '59 Civiling 2. Kings	
Z. Mand	

EFASO DO STADA DE SUENTA ANTRA O TESM part of a contract of the cont TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained to the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the hospital or attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

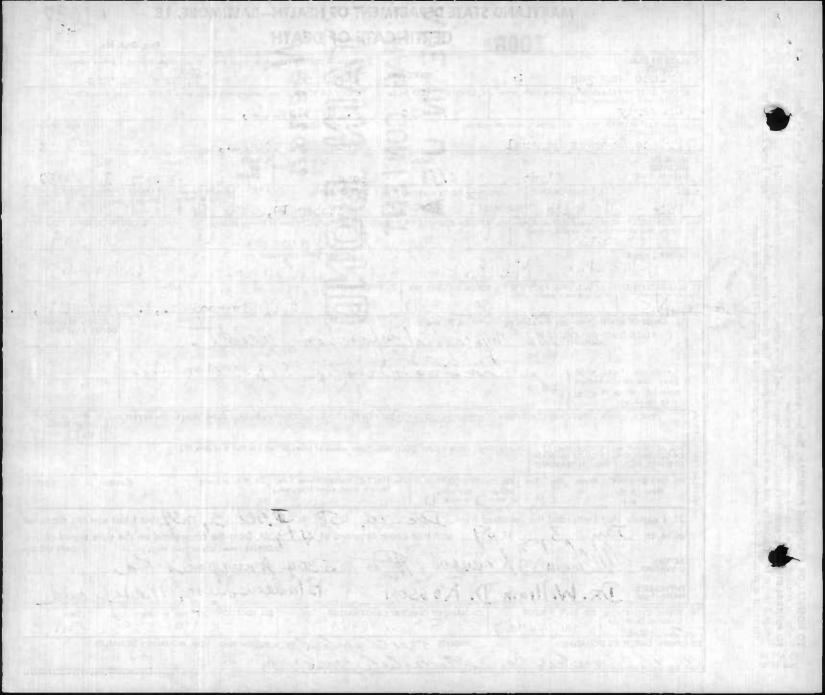
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01027

**CERTIFICATE OF DEATH** 

	No.

1	Keg. Dist. No.								
	1. PLACE OF DEATH  o. COUNTY  Prince Georgian	rges		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	CE (Where deceased live	b. county Prince	Residence before	e admission)
	b. CITY OR TOWN (If or		ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWI	N (If outside corporate			
	RURAL and give neare Cheverly	est town)		7 Days	W. Hyatt	sville.	15		
	d. NAME OF HOSPITAL	(If nat in hospital, g	ive street		d. STREET ADDRE		/		. IS RESIDENCE ON A FARM?
,	Prince Geo:	reas Gener	al		2714 Kir	kwood Pl			YES NO
	3. NAME OF	Fire		Middle	lost	4. DATE	Month	Dov	Yeor
	(Type or print)	Clyde	9	J.	Malone	DEATH	Janu		1959
	5. SEX 6	. COLOR OR RACE	7. MARR	NEVER MARRIED	B. DATE OF BIRTH	8 CM 9.	GE (In years IF	UNDER I YEAR	IF UNDER 24 HRS.
	Male	White	WIDOWI	ED DIVORCED	October	- n O-1	64 yrs. M	lonths Doys	Hours Min.
	10a. USUAL OCCUPATION during most of working	life, even if retired	dane 10b.	Publishing		Stote or foreign counti	7 6	12. CITIZEN OF	S A .
	13. FATHER'S NAME	doc 1	U a l	10.15	14. MOTHER'S MAI	1.11		Cualka	(0)0/0/
H	CALGI	162 1	10	IUNL.		La Lueri	Ne	UNITA	· AMA
1	15. WAS DECEASED EVER IN	N. U., S. ARMED FOR es, give wor or dates of si		- 12 2221	INFORMANT Ue i	He H. M	To 10 Address		
	NOI	-	0	50-10-8394	Wife	2714 Kirkw	rood St.	W. Hyat	tsville,M
	PART 1. DEATH  14 20.0  Conditions, if ony, gove rise to imm	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which  (b)  Conditions, if any, which  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH							
	couse (a), stating the lying couse last.	under- DUE TO							
	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIVEN		PERFORMED?
	PART II. OTHER  20g. ACCIDENT WAS L OR CONTRIBUTING  IF EITHER, NOTIFY ME	JNDERLYING  CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ory in Port I or Port II o	of item 1B.)		
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. If While of wor	Not while f	LACE OF INJURY (Home octory, street, office bldg	g., etc.) 20f. (City or	town)	(County)	(Stole)
	21. I certify that alive on Oa	l attended the	decease 19	TI.	20_, 1958, to h accurred at 4 200, 530	Ham, fram the Address (Street	ne causes and	on the date	w the deceased e stated abave. DATE SIGNED
	PHYSICIAN'S NAME (Type)	R. Wille	am	D. Rosson	BI	adensil	ung, m	nary	land
	220. BURIAL CREMATION, REMOVAL (Specify)	Jan. 7, 1	959	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	City, town, or co	ounty)	(Stote) Md
	23. FUNERAL DIRECTOR'S S	IGNATURE	0	ADDRESS 5801	Cleveland	REC'DAY REGISTRAR		AR'S SIGNATURE	
	Well. Che	uncheer	Co.	Ruisel	ele me	TE JAN 7 '59	Chil	hur S. Ftran	14



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01028

# CERTIFICATE OF DEATH

1009		Reg. Dis	t. No.	
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY Prince Georges	MARYLAND	STATE Maryla	nd COUNTY Prin	nce Georges
COUNTY Prince Georges CITY (It outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (If outside corpor OR	rete limits, write RURAL and give no	arest town)
TOWN	lı dayır	TOWN Waldo	rf (	8x-2
Cheverly HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give location)	***
STREET ADDRESS	and Hamaital	VDDKE22		
	cal Hospital	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Wayland Jer	ome		OF DEATH -	30 00 50
S. SEX   6. COLOR OR   7. SINGLE, MARRIED	Marsha 8. DATE	OF BIRTH		17 19 59
RACE WIDOWED, DIVO	RCFD			Deys Hours Mir
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or foreign	yrs.	3 9 1
done during most of working life, even if OR II retired)	NDUSTRY	A STATE OF THE STA	gii cooiii//	COUNTRY?
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN N		United State
IS. PATHER'S NAME	Λ 1 11	14. MOTHER'S MAIDEN I	YAME	
Shannon Wesley /	Marshall	Ernistine	Greenti	eld
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. (Yes, no, frank.) (If Yes, give wer or detes of service)	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(il les, give wer of deles of service)		Shannon	Jarohall Father	Address Sa
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN ONSET AND DEATH
and the second s		Mata to		LA AGO DEATH
762,5 IMMEDIATE CAUSE (A)		algheite	1	1000
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		( howate	nto	4 duys
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		ya.		9
STATING UNDERCHING CAUSE LAST.		The second		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		Market		
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home,	form factory	21c. WHERE DID INJURY OCCUR	2 (City or town)	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi	ice bldg., etc.)	ZIC. WHERE DID INJOK! OCCUR	(Cou	unty) (Stele)
While	NJURY OCCURRED Not while	216. HOW DID INJURY OCCUP	17	
M.   et worl				
22. I hereby certify that I attended the decease				
alive onJanurary1719.59, and t	hat death occurred a			
SIGNATURE PI SONO	4		RESS (Street, city, town, stete)	DATE SIGNE
BURIAL, CREMATION,   DATE THEREOF	M.D.	301 Hamulton	St. Hegalismille,	N 1/17/5
REMOVAL (SPECIFY)	- , () ;		LOCATION (City, town, or count	(Fiate)
Buria / 1-19-59	ST let	ers	W2/4014,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  JAN 2 0 '59  Carthur S. Kraus		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE . TOLONA		KeHuntel	Were Homel	1/2/dov/ Md
2077223 x V 2				17

ST DECEMBER OF THE PERSON OF REALTY - EASTER OFF IS CHITIFICATE OF DEATH the temperature of the state of THE PROPERTY OF THE PARTY OF TH The stands of the stands of the

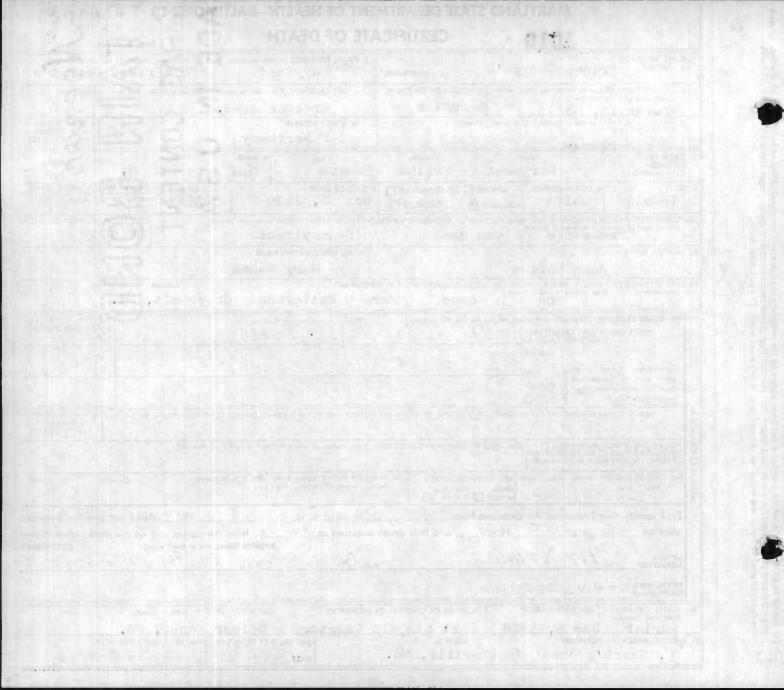
VS A1S (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01029

	1010		CERTI	FIC/	ATE OF DEATH	1	7	Reg. Di	st. No.	1	
1. PLACE OF DEATH p.	rince Geo	rge's	MARY	LAND	2. USUAL RESIDENCE (Who	ere deceased	lived. If institution b. COUNTY	on: Residen	ce before	odmiss eor	ge's
RURAL and give ne		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or			URAL and	give neor	rest fown	)
d. NAME OF HOSPIT OR INSTITUTION 2 F Nor	'AL (If not in hospital,	give street			d. street Address  / 2 F North		•		e		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Mar	garet			Mason	4. DATE OF DEATH	Mon Ja		Day		Year 19 59-
5. SEX female	white	WIDOWE	bond	0 🗆	B. DATE OF BIRTH Oct 23, 1880	)	9. AGE (In years last bythday) yrs.	IF UNDER Manths	1 YEAR Days	Haurs	R 24 HRS. Min.
during mast af work	ON (Give kind of work king life, even if retired USEWITE	dane 10b.	n Home	R INDU	Pennsylvar		untry)		S-A		COUNTRY
	John Loft				14. MOTHER'S MAIDEN N. Mary M			- 59			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of NO		none		nformant ry M Patterso	on G	reenbel		1.		
PART I. DEA  4 20. I  Canditians, if a gave rise to it cause (o), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-	Co	orar (a), (b), and (c).	de	Horombo terrio relexi	sej Vscj			5	y ea	DEATH (L)
20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)				D. (Enter nature of injury in Po			EN IN PAR		PERFO	AUTOPSY PRMED? NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	JURY OCCURRED Nat while	20e. PL	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City	or tawn)	(0	County)		(State)
21. I certify the alive an Actual SIGNATURE  PHYSICIAN'S NAME (Type)	at I attended the	decease , 195 Ledw	ed fram tres	death	accurred at 1 1	_M, fram	the causes a cet, city or tawn,	nd an ti	last san	w the state	deceased abay
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Jan 8. 1	959			n Cemetery	Colma	on (City, town, o	Md		(State	e)
F. Gascl	h's Sons	Hyat	tsville, N	Md.	DATE JA	N 9 15		Thun 8.	10		



I	#	1
al directar,	be filed with	X
y the ner		,
illed in b	ages 1 and 2 s	
campletely filled in by the neral directar	ath.	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1	n	-4	11
0	1	V	U	U

6		1017	CERTIFICA	AIE OF DEAIR		Reg. Dist. No.
	PLACE OF DEATH	VEE G-EORGE	MARYLAND	MARYLA	ere deceased lived. If institution b. COUNTY	True Mariana
	RURAL and give i		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RU	IRAL and give nearest town)
1	HEVE F	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	E	e. IS RESIDENCE
P	OR INSTITUTION		SPITAL	1/216 61	at AV.	ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	CARRIE	B. Middle	1. AFÉE	4. DATE Monti	
S.	EVALE	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	873 9. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a	USUAL OCCUPATI	ON (Give kind of work done 10b. rking life, even if retired)		STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
12	HOUSE	NIFE		Kt	INSAS	U.S.A.
13.	ANDRE	W. J. FRAM	1015	14. MOTHER'S MAIDEN N	IF MA	NLEV
15. (Ye	WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	" lelat AUT
	NO	/	VONE.	OHN B.N	1cAFEE / 序	LISIDE MD
		ATH [Enter only one couse per li	ne for (o), (b), and (c).)	11	1.0	INTERVAL BETWEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	augestin	e hum	yarluse.	
	420.0	DUE TO	1.	1 11		
	Conditions, if		tirroseli	rutec hes	rel phoens	2É .
	gove rise to couse (o), stoting					
-	lying couse lost.	, (-)				
CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	IN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PART
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 1 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d. It While of work	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
	21. I certify th	hat I attended the deceas	ed fram SEP 1	7 , 1938, to 1	24 / 1959	that I last saw the deceased
	alive an La	190	Z, and that death	accurred at 671		nd an the date stated above
		// f //	1.0	12 4	ADDRESS (Street, city or town, st	
	ACTUAL SIGNATURE	My All	u j	M.D. Courselines	Cov. Capilar	NAPPED 9-2-5
	PHYSICIAN'S HAME (Type)	ETER DUO	S	. 4 4 4 6 8 8 8 4 4 4 4 4 4 4	•	, bull.
220	BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF 1-5-59	WASHINGTO	R CREMATORY / L	22d. LOCATION (City, lown, or SUITLAND	county) (Stote) A VO
23.	FUNERAL DIRECTOR	'S SIGNATURE &	ADDRESS O 7	240. REC'E	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
11	IFFI CANE	meers (00) 2nd	wasminge	DATE	1 5 '59 Cin	in a comment

HEATO TO STADIFICATE The server of the server of the DE COUNTY OF MANY OF MANY OF THE STATE 

aring S. Firms

Hours CITIZEN OF WHAT COUNTRY?

Ross Ro S.S. MD.

I last saw the deceased the date stated above.

(Stote)

DATE SIGNED

GEORGES

L	200	CERTIFICA	TE OF DEATH	F	Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE M / R./L.f).	ceased lived. If institutions  b. COUNTY	Residence before admission) RINCE (EURGE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)  WFST HATTSVILLE	IGTH OF STAY IN 16	c. CITY OR TOWN (If outside 15 WEST F	corporate limits, write RUR	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION		d. STREET ADDRESS FAS	IT WEST HI	WY. e. IS RESIDENCE ON A FARM? YES NO
	OFCEASED (Type or print) William PATRICK MEAL	. Middle _INDE/Y		ATH WANUA	Ry 17 195
5.	MALE WHITE WIDOWED		MARCH 18, 188		Manths Days Hours Min.
10	during most of working life, even if retired)  NAV	PR'D	TRY 11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTY U.S.A.
13	FATHER'S NAME JOHN MCALINDEN		14. MOTHER'S MAIDEN NAME ELIZ DE ETIT	WRIGHT.	
	. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (If yes, give wor or dates of service)  377	SECURITY NO. 17. IN	JOHN M. MC	ALINDEN 2	313 Riss Ro S.S.
	18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO  Canditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c)	RONCHO. RCÍNOMA	PNEUMONIA ( SIGMOID-T		1) INTERVAL BETWEEN ONSET AND OBEATH ONLY 1989 NOUT
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  ARTERIOSCLE ROTIC  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE H OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	: heart	NOT RELATED TO THE TERMINAL DI DISCUSSION OF STREET OF		I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 20d. INJURY C While Not work of the of work of the control of t	ot while foc	CE OF INJURY (Home, form, 20f. tory, street, office bldg., etc.)	(City or town)	(County) (State
	21. I certify that I attended the deceased from alive on AN 17 1959  ACTUAL SIGNATURE AND TO THE BRENN NAME (Type) OHN F. BRENN	, and that death		f	that I last saw the deceased on the date stated above)  DATE SIGN  The stated above  DATE SIGN  The stated above  DATE SIGN  DATE SIGN
L	REMOVAL (Specify) 1- 20-1959 (	NAME OF CEMETERY OF	CREMATORY 22d. I	MARYLAND	county) (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE Hanlon 3	831- Da a	menu 240. REC'D BY R	egistrar 246. REGISTR	RAR'S SIGNATURE  7 S. FERMA

TO FUNERAL DIRECTORES PAGE 3 should be TO HOSPITAL OR VS A15 (4) 15M 9/55

the registror prior

peral director.

the ottending physician and completely filled in by Then please remove carbon papers. Pages 1 and 2

within 72 hours offer de

sched for use as the burial-transit permit. cremotion, or removol, and ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	AGRITRO - Vac	
	distribution .	
All the American		
	1 to	
A La Dietection	place full here. No vi	

1/3 11.600. Co. Vanish of the one Stravort tool 35 ders 121 YEAR JE Every Leland Menoisal Hospital Norice Mes. 0 ... 19-53-11-20 6-5-1813 65 Mule White Char Heur . A.2 . 1 Maryland Caleh Merson in Kensulini Laurel was Chrone E. Moren Con) 413 bernen Ave 1/1-27-57 11. Then by the Commission depends that 12 - 22 50 cm 1 - 27 1 159 mg 1 and m the state of the s 4404 Jusensburg Rd. Reverdale, hed. MILES CONTRACTOR AND ADMINISTRAL LABOUR AND ADMINISTRAL PARTY.

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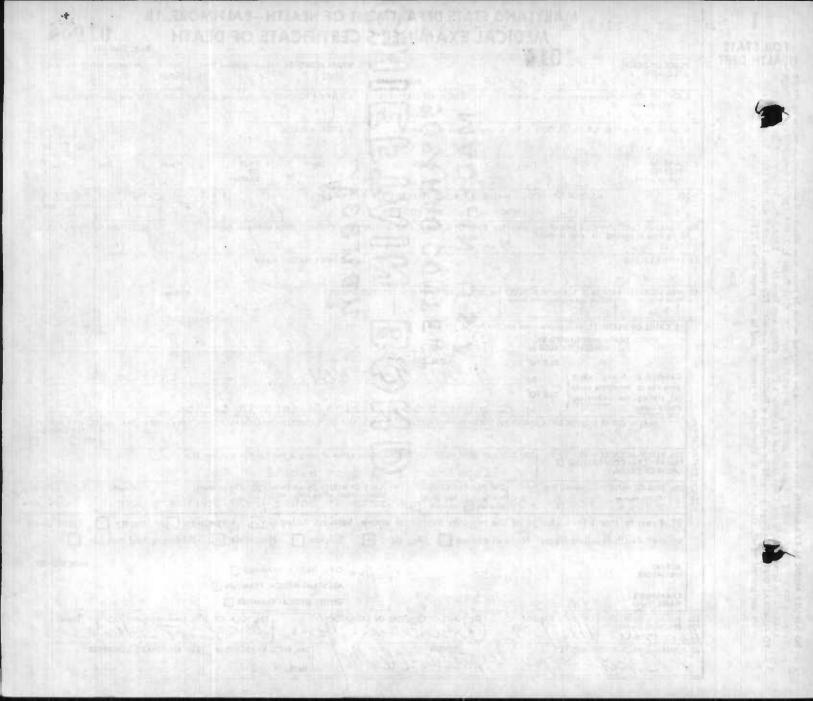
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01033

1013	CERTIFICA	IE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Prince Clarge	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If instit b. COUN		admission)
b. CITY OR TOWN (If outside corporate limits, write to LE RURAL grid give neorest town)	9 Mal	c. CITY OR TOWN (If ou	ulside corporate limits, write	RURAL and give plean	est town)
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION Parks are	55)	d. STREET ADDRESS	arla ane	nua e	IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Middle M	lost	OF /	onth Day	Yeor 2 1959
5. SEX  6. COLOR OR RACE  WIDOWED	DIVORCED	PATE OF BIRTH	9. ASE (In year lost birthdoy 72 y	rs IF UNDER 1 YEAR 1 Months Doys	F UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND during nost of working life, even if retired)	Corent has	RY 11. PIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF	S A
13. FATHER'S NAME Wilton Merco	~	14. MOTHER'S MAIDENT	Jane		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [If yes, our or dates of service]	AL SECURITY NO. 17. IN	ormant Senge	Merson,	Kamel	mel.
1B. CAUSE OF DEATH [Enter only one couse per time for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(o), (b), ond (c).]	a Chos	tate		VAL BETWEEN T AND DEATH
Conditions, if ony, which gove rise to immediate	neral	Inject	milasi	ases &	mo
cause (a), stating the under- lying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	nal disease condition (		WAS AUTOPSY PERFORMED? YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	. (Enter noture of injury in P	ort I or Port II of item 18.)		
	OCCURRED 20e. PLAC	CE OF INJURY IHome, form, ory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased fr	6 /	, 18 8 to 0	/	That I last say	
ACTUAL B Plan	ner_m		ADDRESS (Street, city or tow		DATE SIGNE
PHYSICIAN'S B. P. WARRE	EN			,	(
Burn Jan 25/259	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	hang	(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	had 240. REC'E	9	ribur & France	

1 2	Items 18-21 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Reg. Dist. No.
. ±	o. COUNTY Prince gearger MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Listual of to COURTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Level on and the start of the start o
Boor 44	SHAME OF HOSPITAL OR INSTAUTION (If not in hospital, give street address)  ON A FARM?  VIEW GEORGE  ON A FARM?  YES   NO   P
he fune ser death	3. NAME OF DECEASED (Type or print) Silvestor James Middle Lost J. DATE OF DEATH James 15 1959
a 3 to the may be with the ours offer	STASEX  6. COLOR OF RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  101 blunday 1  102 blunday 1  102 blunday 1  103 blunday 1  104 blunday 1  105 blunday
Page 5 Page 5 in 72 km	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  during most of working life, even if retired)  Spartment House Leastrict Dealember 12. CITIZEN OF WHAT COUNTRY?
Poges.	13. FATHER'S NAME  And middleton  14. MOTHER'S MAIDEN NAME  Lange  Cadamy
Give omy et le	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, et unknown] [If yes, give wor or doles of service]  WW //  WW //
stong w	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PURPLEMENTATION OF THE PROPERTY O
Office of I-transi	Conditions, if ony, which) (b) AVUISION Lest patella at
o byrio	gave rise to immediate couse (o), stoling the underlying couse lost.  Couse lost.  Couse lost.  Couse lost.
sending al Exam	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Medic Medic Md be miol, ci	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  Slipped and fell down a hill
ng the chief a short of to be	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) Month, Doy, Year 20d, INJURY OCCURRED And State (State) Month, Doy, Year 20d, INJURY OCCURRED AND STATE AND STATE (State) Month, Doy, Year 20d, INJURY OCCURRED AND STATE (State) Month, Doy, Year 20d, INJURY OCCURRED AND STATE (State) Month, Doy, Year 20d, INJURY OCCURRED AND STATE (State) Mon
ed to the Page	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
RE OG	ACTUAL SIGNATURE O DATE SIGNED
the ce the ce fid be for the ce fid be for the ce fid be for the ce fid by the ce fid	EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
or its	220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (Chr., Jown, og county) (Stote)
S. A1SME 5M 2/57	23. FLYNERA DIRECTOR'S SIGNATURE AND STATES OF STATES SIGNATURE DATE AN 1 9 159 Oring S. Thomas



VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01035

	101	ξ						Reg.	Dist. N	0.	
1. PLACE OF DEATH	101	J			2. USUAL RESIDENCE	(Where decease	sed lived. If institu	utian: Resi	dence be	fare adm	ission)
o. COUNTY	rince Georg	ges	MA	RYLAND	o. STATE Mary	land	b. COUNT	Y Pr	. Ge	0.	
b. CITY OR TOWN (II	outside corporate limits, writ	RURAL	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (	If autside corp	porote limits, write	RURAL			wn)
and give nearest town	heverly		D.O.A		15 Hvati	tsville	3				
d. NAME OF HOSPIT	eorges Gene		tal, give street add	U	d. STREET ADDRESS					ON	A FARM
NAME OF	Fir		Widdle							-	
(Type or print)	Evely		xine	Mille	lost <b>r</b>	4. DATE OF DEATH	Januar		10 Doy		Year 19 59
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	RIED B. C	PATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HR
Female	white	WIDOWED	DIVORCE	0	4-26- 1920	0	38 yrs.	Months	Days	Hours	Min.
On. USUAL OCCUPATION	ON (Give kind of work g life, even if retired)	done 10b. Kit	ND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Slot	e ar fareign c	country)	12. CI	TIZEN C	F WHAT	COUNTR
Housewi					West 1	Virgini	la		US	A	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
Mich	ael Donahue	9			Trene	Barne	25				
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY N	O. 17. INF	ORMANT	200	Address				
No	(If yes, give war or dates of	1814(CS)		Te	ster Miller	r: same	address	88	# 2.		
	TH (Enter only one cas	se per line fo	r (a), (b), and (c), ]			3 000	Guez obb			RVAL BETV/	FFN
	H WAS CAUSED BY:				heart fail	1			ONS	ET AND DE	ATH
Conditions, if a gove rise to immed (a), stating the couse last.	diote cause		pertensi	ve car	diovascular	r disea	ise				
PART II, OTH	ER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DE.	ATH BUT NO	T RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PA	1		AUTOPSY ORMED?
PART II, OTH	JSE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCC	URRED. (Ente	er noture of injury in Pa	act f or Part II	af item 18.)				
20c. TIME OF INJUI	RY Month, Doy, Yeo	20d, IN While of work	Not while		OF INJURY (Home, for , street, office bldg., et		or fown)	(C	ounly)		(State)
	nat I toak chorge resulted from: I				, held an Autap , Suicide,	sy [], II Hamicide	nspectian 🔝,	Inquermined	mann		id in m
ACTUAL SIGNATURE	Amo 9	Mala	mey		W.D. CHIEF MEDICAL E					DATE S	SIGNED
EXAMINER'S NAME (Type)	John T. N	Maloney	M.D.		DEPUTY MEDICAL	The state of		uary	10,	19	59
220. BURIAL, CREMATIC BREMOVAL (Specify)	N, 226. DATE THEREC	9-12	Preschil	ler er	ntery	27d. 10CA	TION (City, town,	or county)	est	(Stol	2
23. FUNERAL DIRECTOR	S SIGNATURE	3/1 -	ADDRESS	1	240. REC	'D BY REGIST	- /				
Frend	e Ina.	He	Usrle	. In	DATE &	JAN 1 4'	59	withen.	a. 100	W/W	

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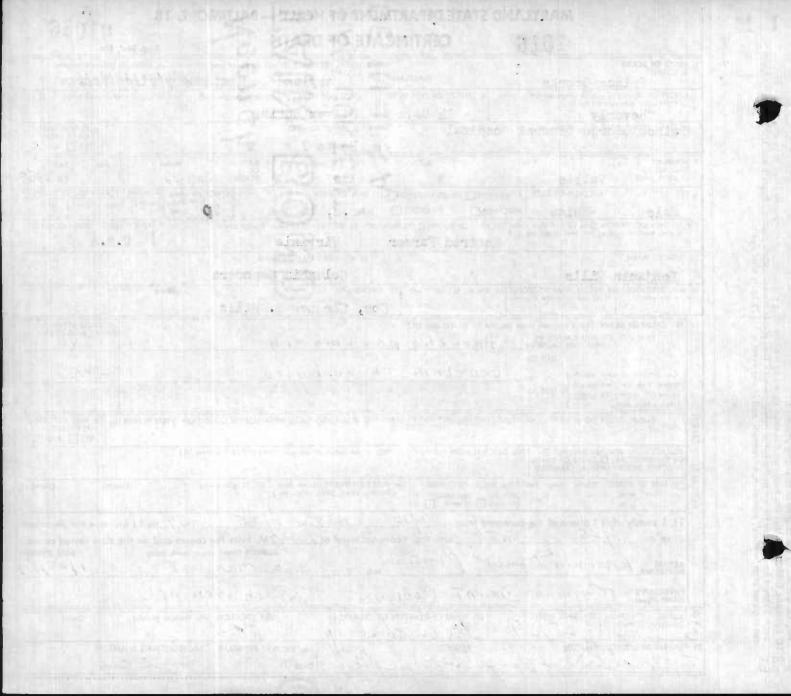
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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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01036

		101	6	CER	TIFIC	ATE OF DE	EATH			Reg. D	-	JL C	
1.	PLACE OF DEATH o. COUNTY Prin	ce George		M	ARYLAND	2. USUAL RESIDER O. STATE Mary			d lived. If institution to county				sion)
	b. CITY OR TOWN RURAL and give r	(If outside carporate lim	ts, write	c. LENGTH OF ST	TAY IN 1b	c. CITY OR TO	WN (If o		rate limits, write R				n)
	Cheve			14 D	avs	Silver	Spr	ing	1	556	2		
	PAINES HOSE	brye" dener	le stid	stitual		d. STREET ADD	DRESS					e. IS RES	
	OK III STITOTION			*		Route :	2						FARM?
3.	NAME OF DECEASED (Type or print)	Vallie Fig.	'sf	Mic	ddle	Mills		4. DATE OF DEATH	Jan 25		Do		Yeor 19 195
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MA	ARRIED	B. DATE OF BIRTH		1	9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOW	ED DIVO	RCED	Mar.4. 1	888		lost birthdoy) 70 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPLAC	E (Stote	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	during most of wo	rking life, even if retired		etired Fa	armer	Virg	inia				U.S.	A	
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN N	IAME				-	
	Benjamin	Mills				Colum	bia	Saund	ers				
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFORMANT			Add	ress			
110	s. no. or unknown)	(It yes, give war or dates of t	ervice)		S	on, Chest	er B	. Mil	ls				
TION	Conditions, if a gove rise to couse (o), stoting lying couse last.  PART II. OT	the under-	, c	enebna	9L T	HROM b	051	5	E CONDITION GIV	'EN IN PAR		WKS.	٠
L CERTIFICA	20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH ( MEDICAL EXAMINER)  RY Month, Day, Ye		CRIBE HOW INJUR		D. (Enter noture of in					County)		NO (Stote)
MEDICA	Hour a.m. p. m.	19	While	Not while	fo	ctory, street, office b	ldg., etc.	)	or town,	,	Coomy		(2ioie)
	actual SIGNATURE	nat I attended the 125  Monman D  Monman	19.5 Tu	1 Pin	ome		350	DDRESS (SI	172-4-	and an t	last so	te state	deceased abave
2	REMOVAL (Specifi	1/20/0	9	Trede	EMETERY O	R CREMATORY		22d. 10CAT	ION (City, town,	70		(Stot	e)
23.	Jusch	SIGNATURE Sons	Hy	allen	lle	11. 14	ATEAN	2 7 '59		STRAR'S SI			

VS A15 (4) 15M 10/57



106	CED	TIFICATE OF DEATH	Reg. Dis	01037
PLACE OF DEATH O. COUNTY PRINCE GO	FORGE M	ARYLAND 2. USUAL RESIDENCE (Where o. STATE)	e deceased lived. If institution: Residence	m
b. CITY OR TOWN (If outside corporate limin RURAL and give pages flown)	ts, write c. LENGTH OF ST	TAY IN 16 c. CITY OR TOWN (If out	side corporate limits, write, RURAL and a	rive nearest town)
d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION DALE	Hosp,	d. STREET ADDRESS 498 CA	SEYS COURTS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) WILL		MILLS	DATE Month OF DEATH	Boy Year
SEX 6. COLOR OR RACE		RCED 3/3/92	last Wirthday) Manths	1 YEAR IF UNDER 24 HR Days Haurs Min.
a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired PLUM BER'S HELPER	BUILDI	11-	foreign country) 12. CITI HRO LINA	U.S.
FATHER'S NAME TOM MILL	5	14. MOTHER'S MAIDEN NAI	VIE COLEMI	AN
(et, no, or unknown) (If yes, give wor or dates of s		NO. 17. INFORMANT  DETCEAS	Address ED	
18. CAUSE OF DEATH [Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Due to	PULMO	NARY TUBER	CULOSIS	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (o), stating the under-				
gave rise to immediate cause (o), stoting the under-lying couse last.	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINA  G  Y  OCCUPRED. (Enter nature of injury in Por		PERFORMED?
gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CON SUBTOTAL GAST  20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO RECTOMY 206. DESCRIBE HOW INJUR	DEATH BUT NOT RELATED TO THE TERMINA  G  Y  OCCUPRED. (Enter nature of injury in Por  20e. PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.)	t I or Port II of item 18.)	YES NO
gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CON SUBTOTAL GAST  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yee Hour o.m.	DITIONS CONTRIBUTING TO  RECTON  20b. DESCRIBE HOW INJURY  10 20d. INJURY OCCURRED  While Not while of work 1 work 1 deceased from.	Y OCCURRED. (Enter nature of injury in Por  20e. PLACE OF INJURY [Home, form, factory, street, office bldg., etc.)  7/12 , 19 5 to	20f. (City or town) (Ci	ounty) (State
gave rise to immediate cause (a), storting the underlying couse last.  PART II. OTHER SIGNIFICANT CON  SUBTOTAL GAST  20a. ACCIDENT WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yee Hour o. m.  p. m.  19  21. I certify that I ottended the olive an Cause of Death (IF EITHER)  ACTUAL	DITIONS CONTRIBUTING TO  RECTON  20b. DESCRIBE HOW INJURY  10 20d. INJURY OCCURRED  While Not while of work 1 work 1 deceased from.	Y OCCUBRED. (Enter nature of injury in Portion of Injury in Inju	20f. (City or town) (Co	ounty) (Stote deceare date stated about 1944)

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	ALEXANDER SOURCE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Hed class of COUNTY MARYLAND b. CITY ORATOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 TOWN (If, outside copparate limits, write RURAL and give nearest town) RURAIsand give Begrest town d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO 3. NAME OF First Middle DATE Month Day DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BURTS AGÉ (In years IF UNDER 1 YEAR IF UNDER 24 HRS bishday) Manths Days DIVORCED WIDOWED N papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL move 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Month, Year 20d. INJURY OCCURRED (County) Haur o. ft. factory, street, affice bldg., etc.) While Not while at work at wark p. m 21. I certify that I attended the deceased from 195 2, that I last saw the deceased alive on and that death occurred at .M, fram the causes and an the date stated above. ADDRESS (Street, eify or town, stafe DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

ort Lincoln Cemetery

**ADDRESS** 

Hyattsville Md.

3/59

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

Year

19 5

(State)

Manor

24b. REGISTRAR'S SIGNATURE

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Colmar

24a, REC'D BY REGISTRAR

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1063	CERTIFICA	ATE OF DEATH		Reg. Dist.	. No.
1. PLACE OF DEATH O. COUNTY PRINCE GEOR	G & MARYLAND	2. USUAL RESIDENCE (Who o. STATE)		OUNTY /	before admission)
	NGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits,  NGTON	write RURAL and giv	e nearest town) C, 47x-3
d. NAME OF HOSPITAL (If not in hospitol, give street oddres	NDREWS	d. STREET ADDRESS	SISSIPPI	Ave S.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) (UILIAM T)	Middle ONALD	MURPHY	4. DATE OF DEATH JA	Month VUARY	Doy Yeor 12 1959
5. SEX 6. COLOR OR RACE 7. MARRIED [ MA/C CAU WIDOWED [	DIVORCED	8. DATE OF BIRTH /	9. AGE (I last bir	the day	YEAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	LAND	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME JOHN F MURP	phy	MARY	ANN I	PACOLA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	N A F	FATHER- J	CHN F. M	Address NURPhy-	See#2
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(o), (b), and (c).]	driest			ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under	motarity				6 days
Iying couse lost.   (c)   (c)	EIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDIT	ION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTR  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port It of item	18.)	
	OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(Co	unty) (Stote)
21. I certify that I attended the deceased fralive an 12 Juna 1959		N , 19 59, ta /			st saw the decease
ACTUAL SIGNATURE John A. N	Vore				JANG POATE SIGNE
PHYSICIAN'S JOHN H. MOORE.	CAPTUSA	(mc) ANDRE	WS A.F.	B. WASH	1. 25, 0.0
Surel 1/15/59	NAME OF CEMETERY O	9	Syra(	· town, or county)	No 21
23. FUNERAL DIRECTOR'S BIGNATURE	ADDRESS Vi	A DO DATE	6 59 REGISTRAR	b. REGISTRAR'S SIGN	ATURE /

VS A15 (4) 15M 9/55

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STATE OF BUILDING		WINDSTRUMENT OF LAND OF SHIP	

VS A15 (4) 15M 10/57

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illed in by the		7

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1017	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTYINCE George	MARYLAND	2. USUAL RESIDENCE (Who state Maryland	ere deceased lived. If ins b. COU	titution: Residence before admission) NTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and one nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		ite RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSUTUTION George General	Hospital	d. STREET ADDRESS 5421 Taylo	r St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Virginia	Middle	Neagle	4. DATE OF DEATH Jan.	Manth Doy Year 27 1959
5. SEX   6. COLOR OR RACE   7. MASS   White   WIDOW		B. DATE OF BIRTH Nov. 13, 1906	9. AGE (In your last birthdo	ears IF UNDER I YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	Own Home	TRY 11. BIRTHPLACE (State Virgini		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Henry Pearson		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		sband, Eugene		Address Bladensburg, Md
PART I. DEATH (Enter only one cause per learning of the cause of learning of the cause (a).  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)	ympho sar	coma		INTERVAL BETWEEN ONSTAND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED? YES NO TO
OR CONTRIBUTING LI CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED			
Haur a. m. While		CE OF INJURY (Hame, farm, tory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decea alive on John 26 19  ACTUAL SIGNATURE WILLIAM D. RO PHYSICIAN'S Dr William D. Ro	ond that death	No530Manapo	ADDRESS (Street, city or to	d, that I last saw the deceased estand on the date stated above DATE SIGNED
PHYSICIAN'S DI WIIIIAM D. RO	SSON	Bladensl	ourg, Md.	
Burial (Specify) 1/30/59	Fort Lincoln		22d. LOCATION (City, to Colman Man	
23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hy	attsville, Md.	Francis	2 0 ma	REGISTRAR'S SIGNATURE

ET SHOAT JAK-HTJAHIN TO THRAFTAND STAIR OF A WELL STATE OF STADISTICS OF STADISTICS The construction of the house. . Field . S. Tomas at the Control of the Country of the . Hit is a littly of the larger of the larger to FOR STATE HEALTH-DEPT.

or files. necessory, please i director. Poge AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is an acid, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral and to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a gent, prior to burial, cremation, or remayal, and in any event within 22 hours offer death. DEPUTY MEDICAL or its designated execute the certification of should be for

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5A	1 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Diet	No	miller	U		. 2

	Reg. Dist. 1701
1. PLACE OF DEATH O. COUNTY Printe George's MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATEMaryland b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Cheverly Dead on arr	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince George's General Hospital	/ 1214 55th Avenue   YES   NO TOX
3. NAME OF First Middle OF OF Clifford Walter Clifford	Niemyer DEATH January 6 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 14EAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 19, 1892 of bythdey) of yrs. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Carpenter  Retired	North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Clifford Niemyer	Sallie Stewart
[Yes, no, or unknown]   (If yes, give war or dates of service)	renda Jane Schultz Silver Hill Md
gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor Add. INJURY OCCURRED 20e. PLAN While Not while of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described aba	ve, held an Autapsy , Inspection , Inquiry, and in my
opinion death resulted fram: Natural causes . Accident [  ACTUAL SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER
NAME (Type James I. Boyd	DEPUTY MEDICAL EXAMINER Z January 7, 1959
The S.H. Hines UO.	ational Cem. Ft. Myer, Va. N. W. 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Washington 9.	D.C. Dans 9 '59 Cultur S. Marie

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No

e. IS RESIDENCE ON A FARM? YES NO NO

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

Months

Year

1,1707	718.	190	- 4	27
HPIACE (State or foreign countr	r)	12. CITIZE	N OF WHAT	COUNTRY?
MARYLAND		1	154	7
ER'S MAIDEN NAME			/	
2ROLA	1	10/1	ON	
- John T. O	DER -	see #	+2	
TY			INTERVAL BE	
			41/2	hrs.
TO THE TERMINAL DISEASE CO	NDITION GIVE	IN PART 1	19. WAS A	AUTOPSY PRMED?
e of injury in Part I ar Part II of	item 18.)			7
Y (Hame, farm, 20f. (City or to	n)	(Cau	nty)	(State)
9. to 11 JAN at 055 OAM, from the ADDRESS (Street.	e causes an	d on the	date state	ed abave.
USAF HOS	PITAL,	AN	DREW	5
NOREWS PAFE			75, D.	C,
2d. LOCATION			(State	0)
24g, REC'D BY REGISTRAR	24b. REGISTI	AR'S SIGNA	TURE	
DATE AN 1 5 '59	Q X h	1 9 4		
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1/30/59

23. FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Md.

Colmar Manor

DATEJAN 3 0 '59

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Pr. Geo. Marvland MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO. 3805 Cedarcroft Prace Prince Georges General Hospital NAME OF Middle DATE Year DECEASED 10 59 27 (Type or print) Payne DEATH January Jackson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Days Months Hours white WIDOWED [ DIVORCED T Male A yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman Automobile Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilbur L. Payne Rosie Sauers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Rossie Payne: address same as # W. 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (0) DUF TO Coronary thrombosis Conditions, if any, which gove rise to immediate couse DUE TO (o), stating the underlying couse last. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TO NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, 120f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a. m Not while at work at work p. m 21. 1 certify that I took charge of the remains described obove, held on Autopsy XX Inspection XXI, Inquiry XXI and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER** DEPUTY MEDICAL EXAMINER John T. Maloney. 1959 NAME (Type) January 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

Ft. Lincoln

Hyattsville, Md.

ADDRESS 739 Balto. AVIGO. REC'D BY REGISTRAR

VS. ATSME 5M 2/57

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roneds lager's your lightweet stance. Ed.

# 24 hours after death. If any delay is necessary, please Give Pages 1, 2, and 3 to the funeral director. Page H and the funeral director. Page H and the State Boy of Health, Health, Health, TS hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01044

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY MARYLAND CITY OR TOWN STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Month DECEASED OF DEATH (Type or print) 19 59 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 9. AGE IF UNDER 24 HES Months Days Hours WIDOWED [ DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11! BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of warking life, even if retired) 13. FATHER'S NAM EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 442 X DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO P 200. EXTERNAL CAUSE WAS
PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Not while o. m of work at work p. m 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection opinion deotheresulted from: Noturol couses W. Accident Suicide . Homicide I. Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. METERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (State) REMOVAL (Specify) -29-5 ADDRESS -23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

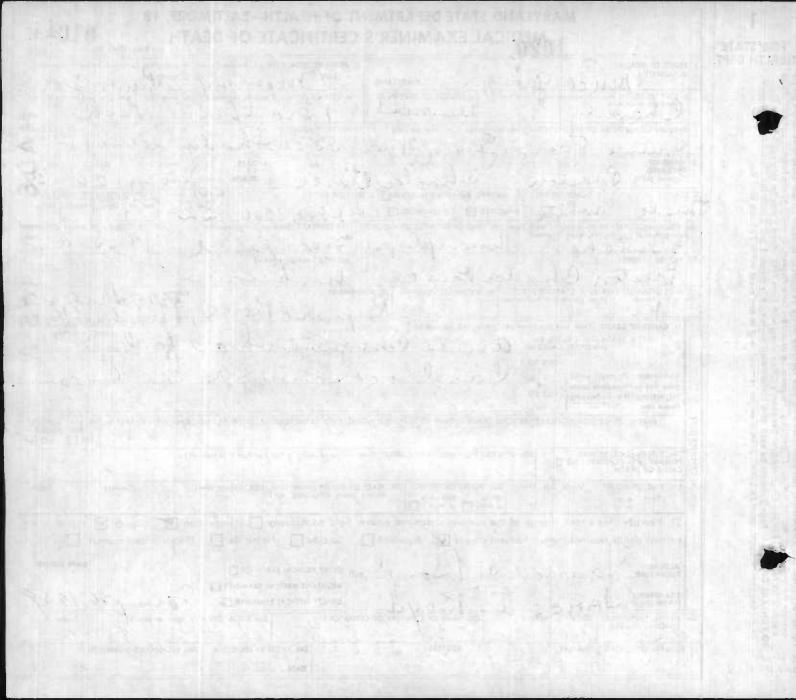
JAN 28 '59

DATE

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for

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		965	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	() <u>[</u> (; <u>x</u> .)
1. P	PLACE OF DEATH COUNTY PRINCE	EORŒS	MARYLAND	2. USUAL RESIDENCE (WASHING	TON. DC.		pefore admission)
t	CITY OR TOWN (If outside car RURAL and give nearest town)	porate limits, write	c. LENGTH OF STAY IN 16		outside carparate limits, we	rite RURAL and give	nearest town)
	HYATTSV.		1 YR.	WASHING	TON, D.C.	47 x	- 3
d	I. NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give stre	eet address)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
	CARROL	L MANOR		1669 CC	DLUMBIA RD.,	N.W.	YES NO
2	NAME OF DECEASED Type or print) AGNE	First	D. PLOW	DEN Lost	4. DATE OF DEATH	1- 4	Day Year 19 59
<b>5</b> . S	EX 6. COLOR	OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH -	9. AGE (In y	eors IF UNDER 1 Y	EAR IF UNDER 24 HRS
F	ENALE WHI	TE WIDO	WED DIVORCED	2-28-69	89	yrs.	ys Hours Min.
10a.	USUAL OCCUPATION (Give kir during most of working life, eve	d of work done 10	06. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	ar fareign country)	12. CITIZE	N OF WHAT COUNTR
	housekeepe:	r			OOD, MD.		U.S.A.
13. 1	FATHER'S NAME			14. MOTHER'S MAIDEN N	AAME		
		OWDEN			. FREEMAN		
IS. \ IYes.	WAS DECEASED EVER IN U. S. A. no or unknown) (If yes, give wo	RMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT /	r. Dan The	Address Car	roll Mans
	18. CAUSE OF DEATH [Enter	anly ane cause per	r line for (a), (b), and (c).]		//		INTERVAL BETWEEN
	PART I. DEATH WAS CA	USED BY:	interare ?	Level L.	Cem		ONSET AND DEATH
	4500	DUE TO					3
	Canditions, if ony, which	(b)	generalization	alteris on	levone		8uer
	gave rise to immediate cause (a), stating the under-	DUE TO					-
	lying couse last.	(c)	generaly	in vencer	of tailor		10 year
CATION	PART II. OTHER SIGNIFICA	CANT CONDITION	IS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I	19. WAS AUTOPSY
	21	entiro	d his 3	much a	-cy		YES NO
CERTIF	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	ING   20b. D OF DEATH (AMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Paret or Part II of item 18	.)	
MEDICAL	20c. TIME OF INJURY Manth, Hour a.m. p. m.	Whi		PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or town)	(Cour	nty) (State
	21. I certify that I after	nded the dece	ased from	1935,10	Kma 4 , 19	CO, that I las	t sow the decear
	alive an	19	ond that dear				
	3		,		ADDRESS (Street, city or t		DATE SIGN
	ACTUAL SIGNATURE	1 3 2	Mobes	_M.D	235 24	e 5+ 1	V.W. that
	PHYSICIAN'S		- 4.		9		1,1
	NAME (Type) KOL	2+2	2. M 2har 1	MID	wash	6 DC	
	BURIAL, CREMATION, 226. DA	TE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	IND OF COUNTY	-
220	DEMOVAL (Spycify) /-	6-195	9 socied	Hear	Bus	him	(Side)
K	REMOVAL (Specify)	6-195	9 Society ADDRESS	000	Bus	REGISTRAR'S SIGNA	ad And

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

and if had not you I will more me and a site of the witness to war to plant of and the service of the service. Mindred and the Date of the second and the second second second and the second Suit drove May to profess howers all the NOW AND Life for the set of the standard life at LECAN RO 1835 INC St WILLIAM. Wash to

#### FOR STATE HEALTH DEPT.

r files. AL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for COR: Page 3 should be used as a burial-transit permit. File pages 3 and 2 with the State Bo agent, prior to burial, cremation, or removal, and in any event/within 72 hours after death. its designated agent, TO DEPUTY MEDICAL 4 should be for δ

2 P YS. A1SME 5M 2/57

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		7.04							ue8.	D151, 140	•
	LACE OF DEATH	4				IDENCE (V	Where deceo	sed lived. If instit			
		Prince Geor	ges	MARYLAND	o. STATE	Mar	yland	b. COUN	Ann	Arun	del
Ь.	CITY OR TOWN	[If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (II	outside cor	porote limits, write	RURAL	nd give n	earest town)
		Cheverly		D.O.A.		Lau	rel	C	52 >	- 195	
d.	NAME OF HOSE	PITAL OR INSTITUTION (I	f not in he	ospital, give street address)	d. STREET	ADDRESS				1	e. IS RESIDENCE ON A FARM?
~~~	Prince	Georges Gen	eral	Hospital		Brock	ridge	Road			YES NO
D	AME OF ECEASED Type or print)	Firs Danie		Middle Powell	Los		4. DATE OF DEATH	Mont Janu		Day 6	Yeor 19 <b>59</b>
5. SE	X			RIED NEVER MARRIED 1	B. DATE OF BIRTH	1		9. AGE fin years	IF UNDE		IF UNDER 24 HES
P	ale	colored	WIDOW		7-17-2			35 yrs.	Months	Days	Hours Min.
10a.	USUAL OCCUPA	TION (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPL		ar foreign (	country)	12. CI		SA
13. 1	FATHER'S NAME				14. MOTHER'S	MAIDEN I	NAME				
	John	Powell				Este	lle 1	homas			
	WAS DECEASED	EVER IN U. S. ARMED FOI		S. SOCIAL SECURITY NO. 17.	NFORMANT		2.1	Address			
1141.	No	(11 yes, give war ar asies or	la l	218-12-0519 1	ee Powe:	11:60	2 9th	St., Lau	rel.	Md.	
	18. CAUSE OF DE	EATH [Enter only one cou	se per line							INTE	VAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY:		Hemorrhage	and she	nak				ONSE	T AND DEATH
1	0110	IMMEDIATE CAUSE (o)				7010		-			
	0161	DUE TO		The advanced	-177		nahad.	-b-ak			
	Conditions, If			Fractured	skull ai	na cr	usnea	cnest			
	gove rise to imm										
	couse lost.	(c).									
7	PART II, C	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(0) 1	9. WAS AUTOPSY
CERTIFICATION										,	PERFORMED?
IFIC	200. EXTERNAL C	AUSE WAS 20	b. DESCRI	BE HOW INJURY OCCURRED. (I	Enter nature of in	ivey in Par	f Cor Port II	of item 181			, Add
123	PRIMARY OF OF CAUSE OF DEAT	AUSE WAS ONTRIBUTING   20	-							-	
			Upe:	rator of an aut	cmobile	in c	OTTISI	on with			
MEDICAL	20c. TIME OF IN.	- 1 -	Whi		lory, street, office	bldg., etc	.) 207. (CII	y of lown)	(C	ounty)	(State)
ME	1,00 P.	n. 1-0-37 19		vork of work	Highway	V.	Bac	contown	Ann	Arun	del Md.
	21. I certify	that I taok charge	af the	remains described abo			framed .	nspection 🕅	, Inqu	iry K	, and in my
	opinian deat	h resulted fram: 1	Vatural	causes, . Accident	Suicid	e 🔲,	Hamicide	, Undet	ermined	manne	er 🗆
	ACTUAL	John D	Me	aloney	M.D.		XAMINER				DATE SIGNED
	EXAMINER'S NAME (Type)	John T. Mal	oney	, M.D.			EXAMINER		6-	59	
220.		TION, 226. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(State)
1	REMOVAL (Speci Burial	1-9-59		Bacon Chape	1		1	Laurel . Mo	1		
	FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			D BY REGIS	RAR 24b. REG	ISTRAR'S S		
D	Collbr 1	200 Snowden	מפונד	e Taumel Md		DATE	AN 1 2	59	littur .	d. Tha	us
-11	A DELLUY & A	YOU DITOMOGIT	LTGC	C. TanteT. Ma		DAIL.					

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**DEATH** 

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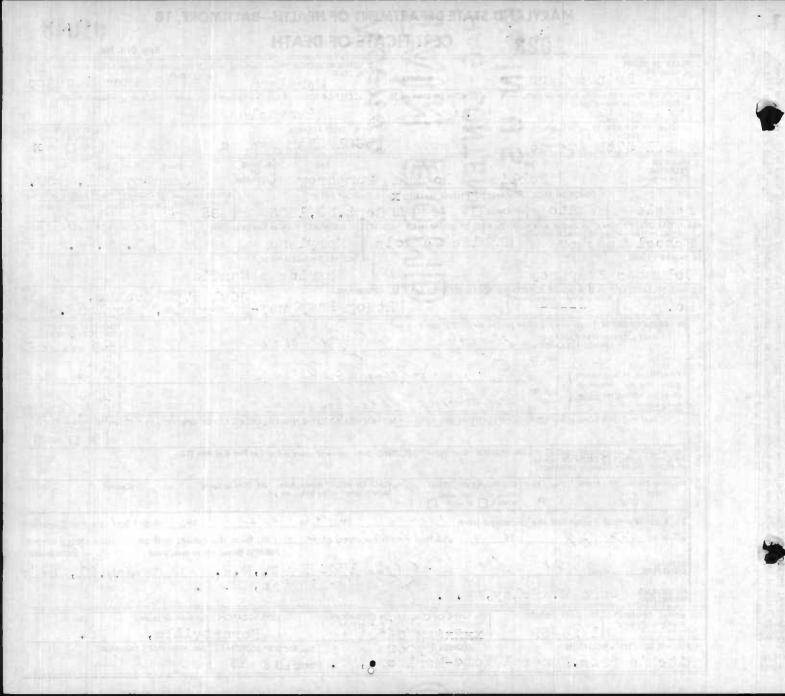
1023	CERTIFICATE O	F

Reg. Dist. No.

1	DEACE OF DEATH	rince Geor	ges	MARY		a. STATE	ENCE (When		ved. If institution b. COUNTY		befare admis	
	b. CITY OR TOWN RURAL and give Riverds	-	ts, write	c. LENGTH OF STAY	IN 1b		own (If our iverd		e limits, write R	JRAL and giv	re nearest taw	n)
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, o	give street			/ d. STREET AC 5601 5'	DDRESS		)		ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	fir Ne	" llie	Middle Louis	se I	lost Pumphr		4. DATE OF DEATH	Man	nuary	Doy 21.	Yeor 1959.
5	. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE	_	DATE OF BIRTH			AGE (In years last birthday) 65 yrs.	IF UNDER 1	YEAR IF UND	
14	Oa. USUAL OCCUPAT during most of wa School I	ION (Give kind of work prking life, even if retired oacher	done 10b. Pu	KIND OF BUSINESS O	R INDUSTR	RY 11. BIRTHPLA		foreign cau	ntry)		S. A	
13	3. FATHER'S NAME				27.0	14. MOTHER'S				15		
1		Pumphrey					rlott	e Cor	ndie			
ÆΤ	5. WAS DECEASED EV Yes, no. or unknown)	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		Roy Pu	mphre	560 y-Riv	ol 57th	Mar.	nue, ryland	i.
	PART I. Di 5 2 5 X Conditions, if gove rise to cause (a), stating lying cause last	immediate DUE TO	Sh	ilmonis,	dio pr	Fa Ea ulm	lene	e n			2 m	LOS JOYER
CEPTIEICATION	PART II. O	THER SIGNIFICANT CON  VAS UNDERLYING   CAUSE OF DEATH  Y MEDICAL EXAMINERS		CONTRIBUTING TO DEA						EN IN PART 1	PERF	AUTOPSY DRMED?
MEDICAL		JRY Manth, Day, Yes	While	NJURY OCCURRED Nat while k at work	20e. PLAC factor	E OF INJURY (H ry, street, affice	lome, form, bldg., etc.)	20f. (City or	town)	(Co	unty)	(State)
	21. I certify to alive on	John D. F	deceas , 19	Jole		. 1746	Al	M, fram DDRESS (Street	the causes a st. city or town.	nd on the state)	date stat	deceased ed above. ATE SIGNED
2	20. BURIAL, CREMATI REMOVAL (Specify Burial		)F	27c. NAME OF CEME	cent	REMATORY 1 any 5 to ry	2		N (City, town, o		(Sto	te)
23	B. FUNERAL DIRECTO	r's signature Brog.Fune	ກຄື	Home -Mar					R 24b. REGIS			
	TILL GILLE	DI'USEFULIC	1 0.1	TIOTHO - HIST.	1 1 1 2 1 " 1	a Ditt	DATENINE	4 74	( ///	SAMPLE ATT	CAMELON.	

erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECT : After this certificate has been signed by the ottending physicion and completely filled in by the page 3 shauld belied. The please remove carbon papers. Poges 1 and 2 state registror prior to burial, cremation, or remaval, and in ony event within 72 haurs ofter death. may be retained by the hospital or attending physician.

TO FUNERAL DIRECT 3: After this certificate has been signage 3 shauld be e.g. Ched far use as the burial-transit. VS A15 (4) 1SM 10/57



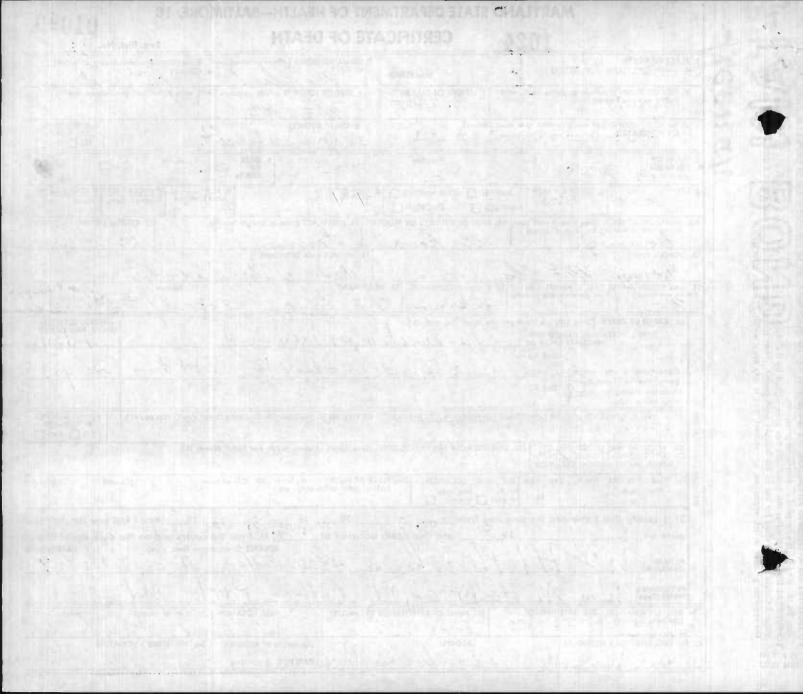
CERTIFICATE OF DEATH

01049

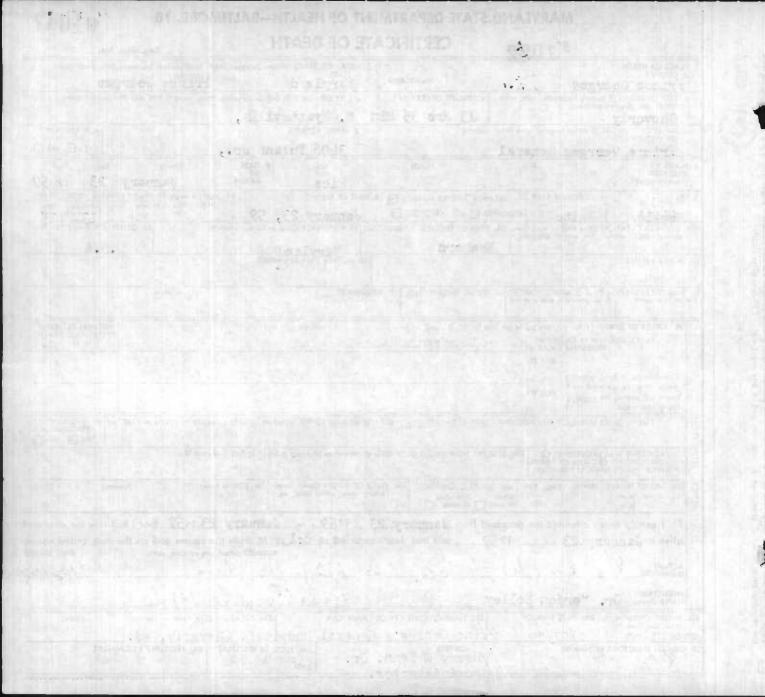
10	24 CERTIFIC	CATE OF DEATH	Reg. Di	ist. No.
1. PLACE OF DEATH o. COUNTRINCE George	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Residen	ice befare admission)
b. CITY OR TOWN (If outside corporate limi RUMAL and give hagrest town)	c. LENGTH OF STAY IN 16 2 mo. 2 Days		corporate limits, write RURAL and	give nearest lown
d. NAME OF HOSPITAL (If not in haspital, so or INSULATION & George Ge	eneral Hospital	13838 - 342	Este.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Maggie	rst Middle B ,	Rankin 4. DA		Day Year 59
Female 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED	8. DAJE OF BIRTH 3/10/70	9. AGE (In years   IF UNDER   Months   yrs.	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote or forei	gn country) 12. CIT	M. S. A.
3. FATHER'S NAME & ME	Eny.	annie a.	rehibald	
S. WAS DECEASED EVER IN U. S. ARMED FOR		C. L. Bankin	3838-34E	Id. mit Ray
18. CAUSE OF DEATH [Enter only one content of the course of the course of the course (o), storing the under-	Cortino	scho tu	en' et des.	HOUSE AND DEATH 4 Cays
PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH B			PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CON  20g. ACCIDENT WAS UNDERLYING  OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)		RED. (Enter noture of injury in Port I or		
20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m.	or 20d. INJURY OCCURRED 20e. While Not while at work at wark	PLACE OF INJURY (Home, form, 20f. foctory, street, office bldg., etc.)	(City or town) (I	County) (State)
21. I certify that I attended the alive an Jan 5  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. M. A.	deceased fram. Nov. 3. 19 59, and that dea Holbrook: M	19 59 to Jan 5 105 A. M., ADDRES M.D. 4500 Coll	from the causes and an tiss (Street, city or town, state)	last saw the decease he date stated abov DATE SIGNE
20. BURIAL, CREMATION, 22b. DATE THERECOREMOVAL (Specify)	59 adar Hi	OR CREMATORY 22d. L	OCATION (City, town, or county)	ery land
3. FUNERAL DIRECTOR'S SIGNATURE	5801 Clevela	DATE VARIO	GISTRAR 24b. REGISTRAR'S SIG	GNATURE

uneral director, d be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld the carbon papers. Pages 1 and 2 the registrar prior to buriol, crematian, ar removal, and in any event within 72 hours after death. moy be retoined by to FUNERAL DIRECTO TO HOSPITAL OR VS A15 (4) 15M 10/57



	10	22	CERTIF	ICA	TE OF DEATH	1		Reg. Dis	t. No.		
PLACE OF DEA	Georges		MARYL	AND	2. USUAL RESIDENCE (WE o. STATE Marylan d	nere deceased	lived. If institut			admission)	
	OWN (If outside corporate limitagive nearest town)	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write l	RURAL and g	ive neare	est town)	
Cheve	rly		13 Hrs 35	Mi		rille,	15				
OR INSTITU			oddress)		d. STREET ADDRESS		1		e.	ON A FARA	
	e Georges Gene	ral			3406 Tul:	ine Dr.				YES NO	
B. NAME OF DECEASED (Type or print)	Fir	rs†	Middle		Rice	4. DATE OF DEATH	J	anuary	Doy 23	Yeor	59
S. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B 12	DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24	
Remaile	White	WIDOW	toward .	-	January 23,	59	yrs.				in.
Oa. USUAL OCC	UPATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF	WHAT COU	NTRY
	or working me, even is remed		Newborn		Maryland				U.S.	A	
3. FATHER'S NA	ME				14. MOTHER'S MAIDEN	MAME an					
Sidn	ev Woffman										
	ED'EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT		Add	dress			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11 yes, give not or consecut				110 01101						
18. CAUSE C	OF DEATH [Enter only one co	use per lir	ne for (o), (b), and (c).]						INTER	VAL BETWEE	EN.
The second secon	1. DEATH WAS CAUSED BY:			on A	telectasis					AND DEA	TH
71	2. O DUE TO				002000020					7 111 6	0
Condition	s, if any, which )										
	to immediate			-							
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lying couse			CONTRIBUTION TO DELT	11 5117 1							
5 PAN	II. OTHER SIGNIFICANT CON	DITIONS	ONIKIBUTING TO DEAT	H ROLL	IOI KETATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART		PERFORMED	)?
PART  200. ACCIDE  OR CONTRIB  (IF EITHER, N									1	res 🔃 No	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	Port I or Part	11 of item 18.)				
	OTIFY MEDICAL EXAMINER)				4						
Hour	INJURY Month, Day, Yes a. m. p. m. 19	While at work	Not while	0e. PLAC	CE OF INJURY (Home, form ory, street, office bldg., etc	, 20f. (City	or town)	(C	ounty)	(S	tote)
21. L certi	fy that I attended the	decens	ed from Januar	Tr 2	1050 10	Ianuam	r 23 1059	that I I		. sha daa	
	anuary 23	, 12.5			accurred of 8:151						
dive ong	anuary 23	12-3	, and mar o	earn (			reet, city or town,		e date	DATE S	
ACTUAL	01 0	41	Wall.		21011	1.70	0 .	sidiej		1/20	1-
SIGNATURE_	Haraga	17)	cecen	M	D. 61-4-4	151 0	Chara.			1-122	75
PHYSICIAN'S NAME (Type)	Dr. Tordon K		T T		Herall	aul	6 4	2			
20. BURIAL, CRE-	pecify) \ \alpha_ /,	F	22c. NAME OF CEMET				ION (City, town,			(Stote)	
crematio		<u>/F</u>	rinceGeorge	9'5			Cheverly				
3. FUNERAL DIRE	CIOR'S SIGNATURE	1	Harry W Pe	nn.							
23. FUNERAL DIRE	ECTOR'S SIGNATURE	· V	Harry W Pe	enn,	Jr. 240. REC	D BY REGISTE		STRAR'S SIG			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTISICAYE OF DEATH		
	ogil Deserve na ven sak	
TO THE STREET STREET		
SAN OR SAN DE VE	Alma Trouse	Ã
	PRAKE JUNE PARK	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

970 CERTIFICATE OF DEATH

DECEASED (Type or print) Thomas Nava Roche   e DEATH   DOWN ROCHE   DEATH   DOWN ROCHE   DEATH   DOWN ROCHE   DEATH   DOWN ROCHE   DEATH   DIVONCE DI DIVONCE DIVONCE DIVONCE DIVONCE DIVONCE DIVONCE DIVONCE DIVONCE		Keg. Dist. Ito.	
B. CLIT OR TOWN (If outlide corporate limits, write RURAL and give neoriest town)    Power of the property of	D. COUNTY	b. COUNTY	
All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street address)   All NAME OF ROSTAL (If not in hospital, give street,	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16		est town)
3. NAME OF DECEASED IN SECURITY NO.  3. NAME OF DECEASED IN SECURITY NO.  3. NAME OF DECEASED IN SECURITY NO.  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years International Color of In		Huatteville 15	
3. NAME OF DECEASED (Tips or print)  The Day of Steel Deceased (Tips or print)  The Day of Steel Deceased (Tips or print)  The Day of Steel Deceased (Tips or print)  S. SEX  G. COLOR OR RACE  MAJE  WIDOWED  DIVORCED	OR INSTITUTION	2,114 = 111 01	ON A FARM?
Maje   White   Wilsowed   Divorced   Divorced   Min.   Month   Doys   Hours   Min.	DECEASED 7	OF.	Yeor
13. FATHER'S NAME	AA /	January 2 1874/ lost birthdoy) Months Doys	
15. WAS DECEASED EVER IN U. S. ARMS PROCESS?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  19. PART II. DEATH WAS CAUSED BY:  19. DE TO  19. DE TO	during most or working life, even if retired)	11 (2)	WHAT COUNTRY?
Test in control   11 yes, give war or dotte of surviced   240 ol - 7841   Normal Rochelle   4417 - 84th   Back Hyatksille	13. FATHER'S NAME FENCIAL Ruchelle	FRANCES Christian	
PART I. DEATH WAS CAUSE DEV.  33/X  DUE TO  Conditions, if any, which gove rise to immediate cause (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DUE TO  Ob. ACCIDENT WAS UNDERLYING DEATH WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OC. ACCIDENT WAS UNDERLYING DEATH WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OC. ACCIDENT WAS UNDERLYING DEATH WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OC. ACCIDENT WAS UNDERLYING DEATH WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OC. THIRD OF INJURY Month, Doy, Year 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OC. THIRD OF INJURY MONTH, DOY, YES DEATH WAS UNDERLYING DEATH BUT NOT IN PART 1(b) 19. WAS AUTOPSY PERFORMED. (C) 19. WAS AUTOPSY PER	[Yes, no. or unknown] [If yes, give wor or dates of service)	47	yattoille lu
gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year Not work of wor	PART I. DEATH WAS CAUSED BY: Broncho-pneur	ONSE	T AND DEATH
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)   20f. (City or town)   (State)    20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   Not while of work   19   While of work   19   While of work   19   20f. (City or town)   (County)   (State)    21. I certify that I attended the deceased fram   75.7   7, 19   10   10   10   10   10   10   10	gove rise to immediate couse (a), storing the under-	nurrhage 1h	vek.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of wor	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
21. I certify that I attended the deceased from 1957, 19, to 1957, that I last saw the deceased alive on 1958, and that death accurred at 2 AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED M.D. 7315 2 Ndover Tid Hyattsville Md.  PHYSICIAN'S Thomas M Hutchins  Hyattsville Md.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  PROPERTY OF CREMATORY  REMOVAL (Specify)  PROPERTY OF CREMATORY  REMOVAL (Specify)  RESPONSE THEREOF SORS HYATTSVILLE MARY Land.		D. (Enter noture of injury in Port I or Port II of item 18.)	
alive on 19.2%, and that death accurred at 2.4 M, from the causes and on the date stated above.  ADDRESS (Street, city or lown, stote)  DATE SIGNED  SIGNATURE  PHYSICIAN'S  NAME (Type)  Thomas M Hutchins  Hyattsville Md.  PHYSICIAN'S  NAME (Type)  PHYSICIAN'S  NAME (Type)  PHYSICIAN'S  NAME (Type)  Thomas M Hutchins  Hyattsville Md.  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  PARSONAL (SPECIAL DIRECTOR'S SIGNATURE  ADDRESS  PHYSICIAN'S  North Carolina  REMOVAL (Specify)  PARSONAL SPECIAL REGISTRAR'S SIGNATURE  ADDRESS  ANDRESS  240. REC'D. BY REGISTRAR'S SIGNATURE  ADDRESS  ANDRESS  ADDRESS (Street, city or lown, stote)  DATE SIGNATURE  ADDRESS (Street, city or lown, stote)  DATE SIGNED  NOT COUNTY (Stote)  North Carolina  240. REC'D. BY REGISTRAR'S SIGNATURE	Hour a. j., While _ Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (County)	(State)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)  PROPORTION 1/22/59 Durham North Carolina  35. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D.BY. REGISTRAR'S SIGNATURE  1. Gasch's Sons Hyattsyille Maryland.	alive on $1990$ , and that death	accurred at 2 AM, from the causes and on the date ADDRESS (Street, city or town, state)	
REMOVAL (Specify)  ransportation 1/22/59  Durham  North Carolina  B. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADD	NAME (Type)		0743
ransportation 1/22/59 Durham North Carolina  B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D. BY. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATURE	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		(Stote)
Gasch's Sone Hyattsville Maryland.	ransportation 1/22/59 Durham	North Carolina	
		rland. JAN 44 59 Cultury & the	

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			BELTAKES STRUCTURE AND HOUSE

# DOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is execute the certificate, writing the word "pending" is pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be for "eded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL Dir. "OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B within 72 haurs ofter death. agent, prior to burial, cremation, or remaval, and in any event or its designated 4 should be for VS. A15ME

5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 \*\*MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1040		Reg, Dist, No.
Prince Georges MA	2. USUAL RESIDENCE (Where deceased lived.  o. STATE Marvland	If institution: Residence before admission) COUNTY Pr. Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STA		
and give nearest town)		
Riverdale 11.0.		e. 15 RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd Leland Memorial Hospital	1513 Madison Str	ON A FARM?
3. NAME OF First Middle	Lost 4. DATE	Month Day Year
OFCEASED (Type or print) William Emmett	Rosenberg OF DEATH Jan	nuary 1. 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	RIED 1 8. DATE OF BIRTH 9. AGE	In years IF UNDER TYEAR IF UNDER 24 HRS.
Male white WIDOWED DIVORCE	Boul birt	yrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C	OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Meat cutter Food Town	Inc. Pennsylvania	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert Rosenberg	Margaret Emmett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no. or unknown) (If yea, give wor or doles of service)	16	E. Taylor Run Parkway
No 136-22-8728		exandria. Va.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).  PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
982 X DUE TO	rhage and shock	
Conditions, If eny, which) (b) Stab	wound of abdomen and chest	
gave rise to immediate cause		
(o), storing the underlying		
	ATH RUT NOT PELATED TO THE TERMINAL DISEASE CONDU	TION CIVEN IN PART HAVING WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DE  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING TO DE  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING C	ATT DOT NOT REAL TO THE TERMINAL DISEASE CONDI	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of item 1	B.)
CAUSE OF DEATH. Steb wound	of chest caused by another	person.
	20e. PLACE OF INJURY (Home, form, 20f. (City or town)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	factory, street, office bldg., etc.)	
	THE STATE OF THE S	Heights, Pr. Geo. Md.
21. I certify that I taok charge of the remains describ	ped above, held an Autapsy , Inspection	an X. Inquiry X, ond in my
opinion deoth resulted from: Natural causes . Ac	cident [], Suicide [], Homicide [X],	Undetermined monner
1 1 - 1		
SIGNATURE JAM J-Maloney	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE OF THE STATE OF THE S	ASSISTANT MEDICAL EXAMINER	
EXAMINERS	DEPUTY MEDICAL EXAMINER	Tom 1 1050
NAME (Type) John T. Maloney, M.D.  220. BURIAL CREMATION, 22b. DATE THEREOF [22c. NAME OF CEN		Jan. 1. 1959
REMOVAL (Specify)	AETERY OR CREMATORY 22d. LOCATION (CIT	y, town, or county) (Stote)
	The state of the s	nurch va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4444 6 4-6	4b. REGISTRAR'S SIGNATURE
B. Danzansky & Sons-3501 14th St., M	.W. DAM 6 '59	Outhur S. Kraus

\* DE - ET-SEPTEMBER TO SEPTEMBER . . . . . aft - with 17. Committee Committee 3. 146 Class. To the case of the case Miles S. Committee The state of the contract of the state of th to 6 15 June materials the summer of 542 The state of the s QEI. I. 139

1 1/4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH  O. COUNTY  O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE  O. STATE  O. COUNTY  O. COUNTY  O. STATE  O. COUNTY  O. COUNTY  O. STATE  O. STATE  O. COUNTY  O. STATE
Heo	b. CITY OR TOWN (If outside corporate flasts, write RURAL out give nearest town)  c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If publice carporate limits, write RURAL out give nearest town)
recto	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital page stept address) d. STREET ADDRESS IS RESIDENCE
Boo Go	4308 Prosell ave. 14308 Trussell ave YES NO NO
Store	3. NAME OF DECEASED (Type or print) PA: D 1 20 CONTROL TO DEATH DEATH OF DEATH DEATH DOWN YEAR 10.59
offer after	5. SEX 6. COLOR OR RACE 7. MARRED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yours IF UNDER 1YEAR IF UNDER 24 HRS.
5 md 3 2 with	Male White WIDOWED   DIVORCED   10-15-1897 Copbirthday) yrs. Months Days Hours Min.
Page and n 72	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Wash. DL  U.S.G.
Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Magas Ma Magas Ma Magas Ma Magas Ma Magas Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	13. EATHER'S MAME
or a Post	15. WAS DECEASED EYER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Mith F	Tree no. of unknown) ( (If yes, gird war or dates of service) James G. Gulli; Hy attrible, mg-
and in	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:
in line of the original of the	442X MMEDIATE CAUSE (0) MENTE CONCESSAVE MEANS JETTURE
s Off rial-tr	Conditions, if any, which gave rise to immediate couse (b) (anchovas cular renal observes
a bu	(o), stating the underlying DUE TO couse fost. (c)
Exar Exar matio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
be us	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  20a. EXTERNAL CAUSE WAS  PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.
word auld buria	
or to	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
Page 1. Print	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔀, and in my
0.00 mg	opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
for for ared	SIGNATURE M.D. THE SIGNED M.D. CHIEF MEDICAL EXAMINER (
RAL be sign	EXAMINER'S DOAN TO MALONE 4, M. T. DEPUTY MEDICAL EXAMINER 1 1-4-59-
shour irs	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county)
9 4 6 g	Burial Fan & 159 Mt. alle Washington D. " 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAIS 1 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
M 2/57	Nalleys Fineral Home md. DATE JAN 9 '59 Commy S. Thomas
	Inc.

J. MEBICAL EXAMINER'S CREVIFICATE OF THATH THE PERSON HE WAS A PROPERTY OF THE PERSON HOUSE,

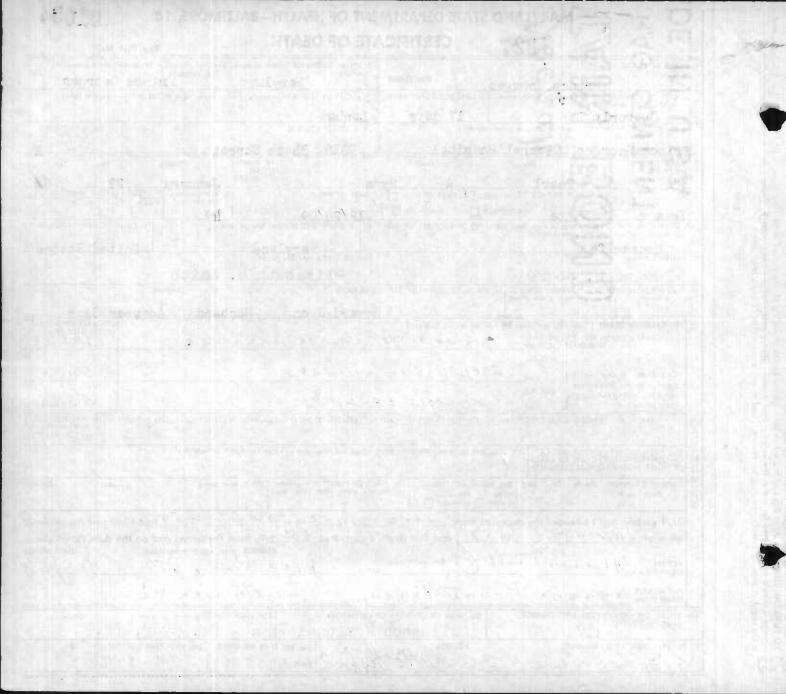
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OE	TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should before the for use as the burial-transit permit. Then please remove corban popersy Pages 1 and 2 should be registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. P may be retained by the hospital or attending physician.	TO FUNERAL DIRECT II: After this certificate has been signed by the attending physician and campletely filled in by the erol din page 3 should be on the for use as the burial-transit permit. Then please remove corban popery Pages 1 and 2 should be the registrar priar to burial, cremotian, or remayal, and in any event within 72 hours after death.	
WC.	A 7 5 / 41	

VS A15 (4) 15M 10/57

ARYLAND ST	TATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8	01054
4000	CEDTIFICATE	OF DEATH		

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince Geo			ND '	USUAL RESIDENCE  D. STATE  Ma	(Where decease	h COUNTY		Georg	
b. CITY OR TOWN (If RURAL and give ned	outside corporate limit	s, write	c. LENGTH OF STAY IN	16 ×	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL ond g	ive nearest to	own)
Chever			17 days	T.	anham					
d. NAME OF HOSPITA OR INSTITUTION		ve street (	oddress)		d. STREET ADDRES	is	e taidle		10	RESIDENCE N A FARM?
Prince Geor	ges Gener	eal H	lospital		9015 34	th Str	eet		YES	□ NO □
3. NAME OF DECEASED (Type or print)	Fin Pearl	9	Middle		last	4. DATE OF DEATH	Mor		Day	Yeor 9
5. SEX		7. MADD	IED NEVER MARRIED	Ryon	TE OF BIRTH		9. AGE (In years		1 YEAR IF UN	
Female	White	WIDOWE		7	2/21/00		fost birthday)		Days Hou	
10a. USUAL OCCUPATION	I (Give kind of work o	one 10b.	KIND OF BUSINESS OR I			itate or foreign o		12. CITI	ZEN OF WH	AT COUNTRY?
during most at worki	ng life, even if refired)									
Housewi  13. FATHER'S NAME	re			114	. MOTHER'S MAID	yland		Un	ited S	tates
	D M			"						
	B. Moore					beth D	. Smith			
15. WAS DECEASED EVER	IN U. S. ARMED FORE		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress		
				How	ard Ryon	Line	shand	Addma	ss Sam	
Conditions, if an gave rise to im cause (o), stating the lying cause last.	mediate DUE TO  to under: Cont  R SIGNIFICANT CONT  UNDERLYING UNDERLYING CAUSE OF DEATH LEDICAL EXAMINER)	C DITIONS C	ASTRO INT SOPAGER  INN 40515  ONTRIBUTING TO DEATH  RIBE HOW INJURY OCCU  Not while  20	BUT NOT	ANOCE.	FRMINAL DISEAS  y in Port I or Pout form, 1 20f. (City	E CONDITION GIV		4 8 6 . 5 . 1(o) 19. WA PER	MOS  NOS  SAS AUTOPSY  FORMED?  (Stote)
	19	at work	at work			JANZ	7 6	2		
alive an 17 / ACTUAL SIGNATURE LA PHYSICIAN'S NAME (Type) 120. BURIAL, CREMATION REMOVAL SPECIFY 23 FUNERAL DIRECTOR'S	1/26/59	195 met 1)01	2 and that de	M.D.  M.D.  PAL	urred at 6- 35 MATORY	AM, from ADDRESS (S	n the causes of treet, city or town, the treet, city or town, the treet, city or town, the treet, the treet, city of the treet,	and an the stote)  (44 L  per county)	//z	ne deceased pied above. DATE SIGNED 2/5-9. Intel
AJan Le	2 4 Sons	0	300-49417	Has	10.0			Thung S.		



VS A15 (4) 15M 10/57

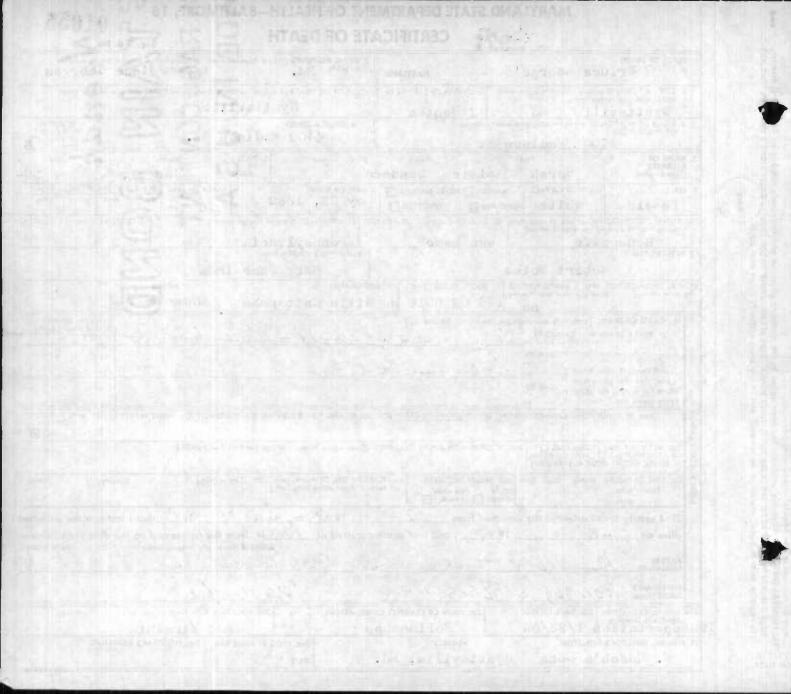
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01055

71 C	<b>ERTIFICA</b>	TE OF	DEATH
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Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTYPrince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hyattsville Md 2 Months	/5 Hyattsville
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4400 Madison St	4400 Madison St.
3. NAME OF DECEASED (Type or print) Sarah Elsie Sander	rs 4. DATE Month Doy Year DEATH Jan 21, 19 59-
6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED TO DIVORCED TO	B. DATE OF BIRTH May 22, 1882  9. AGE (In years lf UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired) Housewife own home	Pennsylvania U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Boles	Mary Jane Iams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
no 168 09 6818 B	Willa Cotterman Same as # 2
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{VEX.} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
SIGNATURE 12 a cold Flerence	n accurred at 12:15/1. M, from the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  DATE SIGNED  W.D. 5432 Queleus Clasful 121/19
PHYSICIAN'S (CONRL) STLEISCHER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
ansportation 1/23/59 Follansbe	(66.6)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246_REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md	Colour & Tiration



MARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1065	CERTIFICATE	OF DEATH	R

Ritchie Bros. Funeral Home-Marlboro, Md.

01058

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN of outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) URAL one give neorest town Life d. NAME OF HOS ITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE YES THO NAME OF First Middle 4. DATE Last OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In fects IF UNDER 1 YEAR IF/LINIDER 24 MRS last birthday) Months Days Hours DIVORCED WIDOWED 14 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or datet of service) Upper Marlboro. Dr. R. Sasscer, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Doy, Year (County) (State) Haur o. m. factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from ... 19 22, that I last saw the deceased and that death accurred at 17 7 M. from the causes and on the date stated above. alive an ADDRESS Street, city or to ACTUAL SIGNATURE PHYSICIAN'S Sasscer. Marlboro, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) Buria Cemeterv Unner 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 10/S7

ST 390 MEANL MEANLY CHARACTER STATE OF A LINE TO 

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death—After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDIN

VS A15C 1-55 10M

01057

#### CERTIFICATE OF DEATH 1028

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Prince George MARYLAND	STATE Maryland county Prince George		
CITY (If outside corporete limits, write RURAL OR and give neerest town) TOWN Cheverly D. A.	CITY (Il outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale		
HOSPITAL OR	STREET (If rural giva location)		
INSTITUTION OR STREET ADDRESS Prince George General	ADDRESS 5710 64th Ave.		
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)		
(Type or Print) Melvin , Leslie S	hhneider   DEATH 1 /- 16 19 59		
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C			
Male White (Specify) Married Oct	. 25, 1895 63 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
refired) Printer retired	Maryland , U.S.A		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Henry M. Schneider	Anna Eichhorn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS East Riberdale Md		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Ethel N Schneider, 5710 6hth Ave		
18. MEDICAL CER	RTIFICATION I INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
150X IMMEDIATE CAUSE (A) 120 ches 4	2 on chely + 6020 rich filling		
ANTECEDENT CAUSE(S) DUE TO	· Sa a la la contra de la contra del la contra de		
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES X NO		
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory,	Ric, WHERE DID INJURY OCCUR? (City or town) (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. While Not while et work all work			
22. I hereby certify that I attended the deceased from	9, 19, to		
alive on 1-15-39, 19, and that death occurred at	M, from the causes and on the date stated above.		
signature P. Clum M.D. A.	ADDRESS (Street, city, town, state)  DATE SIGNED  1-16-39		
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State) Hyndman, Pennsylvania		
Removal 1/17/59			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	The S.H. Hines Co. 2901 14th St. NW		
DATE JAN 1 9 '59 Criting S. Flows	Washington .D.C		

. MARYSOND STATE DEPARTMENT OF MEASTH-SALTHOUSE, 18 CERTIFICATE OF DEATH Waster Carlotte Control  MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RTHICATE OF DEATH		
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		ntoronalis Andrews a pulse a trigical all

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4

1067

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

100	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE
PRINCE GRORGE MARYLAND	o. STAIR  O. STAIR  O. STAIR  O. STAIR  O. COUNTY  O. WIRE  O. COUNTY  O. COUNTY  O. WIRE  O. COUNTY  O. C
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
ANDREWS AF BASE	WAShINGTON, D.C. S.E.
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
USAF HOSPITAL, ANDREWS	639 CONDON TERR. 4 1X-3 ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  A/EWBall	SENTIPAL JANUARY 19 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	
MALE CAU WIDOWED DIVORCED	8. DATE OF BIRTH  JANUARY 19, 1959  9. AGE (In years   IF WNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Min.   5.4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NA	MARYIAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EMIL J. SENTIPAL	MASIE M HENSLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or yinkgown)   If yes, give was or dates of service)	INFORMANT Address
NA NA NA	Mother-MRS EMISENTIPAL- See #2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac (	ures none
759.3 DUE TO	7.0
Conditions, if any, which ) (b) Cesperalos	1 tailure 30 min
gave rise to immediate DUE TO	1 . tal a
lying couse last. (c) Mulliple	Congenital Unimales This 5t min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	PERFORMED?
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. Letter native of injury in Part 1 of Part 1 of New York
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl While 19 of work 19 of work 19	ictory, street, office bldg., etc.)
21. I certify that I attended the deceased fram, JAN 1	9 , 1959, to TAN 19 , 1959, that I last saw the deceased
alive on 19 Saru, 19 59, and that death	accurred at 10 P.M. from the causes and an the date stated above.
1-0-0-0	ADDRESS (Street, city or lown, stote) 19 JAN 59 DATE SIGNED
SIGNATURE JULICENT . Curgine h.	M.D. USAF HOSPITAL, ANDREWS
PHYSICIAN'S VINCENT P. RINGROSE Jr. CAPT I	USAF(AC) ANDLEWS AFB WASH 25 D.C.
	OR CREMATORY 22d. LOCATION (City, town, or equally) (Stole)
PREMITION 20 JAN59 D. C. MO	RGUE DISTRICT of Columnia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
autos de Sula de la Contra de la	DATEJAN 2 2 '59 arthur S. Kraus
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7030383XAP	

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A Company of Comment o			or accept on to beadly Upon y Plan 1. (1) of the Callege E. L He will be D. C. I
			STATE OF THE STATE OF THE STATE OF

VS A15 (4) 15M 9/55

4	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
B	1068	CERTIFICATE	OF DEATH	R

01059 Reg Dist No

anthon & Knows

DATE JAN 2 2 '59

1. PLACE OF DEATH o. COUNTY Prin	ce George's	MARYLA		usual Residence (WHO. STATE Maryl	ere deceased li	ved. If instituti b. COUNTY	on: Residence to Pr. Ge	pefore admission)
b. CITY OR TOWN (If ou RURAL and give neare: Suitland.	tside corporate limits, write st town)	c. LENGTH OF STAY IN	116	Suitland,			URAL ond give	nearest town)
d. NAME OF HOSPITAL ( OR INSTITUTION 102- Swann	(If not in hospital, give street Road S.E.	address)	/	d. STREET ADDRESS 102- Swan	n Road	S.E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		Maud Middle		/mour	4. DATE OF DEATH	Jan.	21st.	Day Year 19 59
Female	White WIDOW	_	□ Se	ept. 16th 1	884	AGE (In years last birthday)  4 yrs.	Months Da	EAR IF UNDER 24 HRS. bys Hours Min.
100. USUAL OCCUPATION ( Housewille	(Give kind of work done life, even if retired)	NIND OF BUSINESS OR Domestic	INDUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME Roy S. Curr	y		14	Jennie Hun				
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	U. S. ARMED FORCES? es, give war or dates of service)	SOCIAL SECURITY NO.	Verno	mant on M. Seymo	ur Sam	Add e as #		
PART I. DEATH IM  LACATE AND ADDRESS AND A	ediote under-	conge, ereb ypertu	al sin	Hemo Heart	I Fo	rilur 138	20	2 Weels years
PART II. OTHER  20g. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY MEI	SIGNIFICANT CONDITIONS  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCC					VEN IN PART 1	of 19. WAS AUTOPSY PERFORMED? YES NO
20c, TIME OF INJURY Hour o. gr. p. m.	While		Oe. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (City or	r town)	(Cou	nty) (State)
21. I certify that alive on	1 attended the decea so 14, 19 Uf Cole		M.D.	6001- 35t	h. Ave.	the causes of th	and on the stole) Mesville,	t saw the decease date stated above DATE SIGNE Jan. 21-5
220. BURIAL, CREMATION.	liam H. Cleme	ents		6001- 35th.		lyattsvi		aryland.
Burlal (Specify)	Jan. 23-59	Cedar Hil	1 Cem	etery	Suitle	ind, Mar	ryland.	
23, FUNERAL DIRECTOR'S SI	Protes 166	hington 20,	eD.Roa	d S.E. 240. REC	D BY REGISTRA		istrar's signi	

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to the state of th	naccan race . Day us	
		A TOTAL CONTRACTOR
		E PERCHASING
		A STATE OF S
- e e		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01060

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24a. REC'D BY REGISTRAR

JAN 2 0 '59

	10	129	CERTIFIC	ATE OF DEAT	TH		Reg. Dist. I	No.
1. PLACE OF DEATH G. COUNTY Prince	e Georges		MARYLAND	2. USUAL RESIDENCE ( o. STATE  Mary	Where deceased	b. COUNTY	on: Residence b	1
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (				
	verly		23 days	Deale		0	1x-2	V
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, i		oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Georges Ge		Middle	Last	4. DATE	Mon		
DECEASED (Type or print)	Clin		E.	Shaffer	OF DEATH	Janura		8 19 59
5. SEX			IED NEVER MARRIED	B. DATE OF BIRTH	5	P. AGE (In years lost birthdoy)	IF UNDER 1 YE	AR IF UNDER 24 HRS.
Wale	White	WIDOW	DIVORCED	10/15/76	100	82 yrs.	Months Day	ys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU		ote or foreign cou	untry)	12. CITIZEN	OF WHAT COUNTRY
Retired	orking life, even if retired		one	Howard	Co. Mó	1	Their	ed States
13. FATHER'S NAME			0110	14. MOTHER'S MAIDE			UHLL	AND DELLES
Thusana	7 Chaffan			Ton	isa Grin	100		
	1 Shaffer VER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Tod OI III	Addi	ess	
(Yes, no, or unknown)	(If yes, give war or dates of	service)						0
No	1			s. Harry Ger	win Ne:	ice El		City Md.
	EATH [Enter only one contact that was caused by:	ause per lu	se for (0), (b), ood (c). ]					NTERVAL BETWEEN
1 ~ ~	IMMEDIATE CAUSE (	)	achefia					/max
11/1/	DUE TO	) /	7	1.1		-4A1	11	
Conditions, if		) (	arcingna	prostate	c mu	leplane	Tastasi	s 8 mos
gove rise to cause (a), statin			6					
lying couse las		:)						
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
E 200 ACCIDENT V	VAS UNDERLYING [7]	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port	II of item 18.1		1 113 110 11
OR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER							
		or 204 II	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, fo	206 (Cib.	as town)	15-	
ZOc. TIME OF INJU Hour a. m p. m	10	While of war	Not while fo	octory, street, office bldg.,	etc.)	or town)	(Cour	nty) (Stote)
21. I certify	that Lattended the	decease	ed from mar	19.58 to	18 Ja	1954	that I last	saw the decease
alive an Jax			9, and that deat		P_M, fram	the causes a	nd an the	date stated above
ACTUAL	11/12/	7		7	ADDRESS (Str	ell city or town,	stofe)	DATE SIGNE
SIGNATURE	IVIA	as.	200	M.D	pper 1	navu	wo me	1-190
PHYSICIAN'S NAME (Type)	Dr. Robert	Sagen	er M.D.		/			
220. BURIAL, CREMATI			22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATI	ON (City, town, o	r county)	(Stote)
BUT Tal Pecif			Western			imore Md		(Stole)

Moy be refaired by A 12/2/10 Poge 3 should be the registrar bits bits the registrar bits the registrar bits the registrar bits

23. FUNERAL DIRECTOR'S SIGNATURE

F.C. Higinbothom, Ellicott City, Md

HEAD SO STATISTICS CONTROL OF THE PROPERTY OF	27 AKG ATTARB	-HILANS TO TYPLAT	Application of the service of the se	
		HEARD SO STAR	.5	
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		2.3	In the country of the second	
	My exceloting			2.4

8		
1	1. PLACE OF DEATH o. COUNTY	Pin-
THE S		

972

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	DINGE GRADGE	MARYLAND	2. USUAL RESI	OENCE (Where		ved. If instituti b. COUNTY	anı Residence	before odm	ission)
b. CITY OR TOWN (If	RTNCE GEORGES  autside corporate limits, write	c. LENGTH OF STAY IN 16				e limits, write R	URAL ond gi	ve nearest for	vn)
RURAL and give ne		ם אקש ד	MACHTI	MOMON	n c		47x	3	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET A	NGTON,	Ualla		TIA	e. IS RI	ESIDENCE A FARM?
CARRO	T.T. MANOR		2227	20th ST	PRET	N.W.		YES [	NO
3. NAME OF DECEASED	First	Middle	los	1 4.	OF DEATH	Mon	th	Day	Year 10 CO
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	н		AGE (In years	IF UNDER I	YEAR IF UN	1959 DER 24 HRS.
	WIDOW	- A-		40.0		lost birthday)		Days Hour	
TEMALE  100. USUAL OCCUPATIO	N (Give kind of work done 10b.		10-21-			UL	12. CITIZ	EN OF WHA	T COUNTRY
during most of worki	ing life, even if retired)								
CIERTCA  13. FATHER'S NAME	L WORK	SOUTHERN RATI		MASHING		D.C.		U.S.	A
TO, THITEK S WANTE			14. MOTHER 3	MINIOEIA IANA					
MICHA		SOCIAL SECURITY NO. 117	INFORMANT,	MARY E	SHE			ATION)	
	t yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT.	1.	no ()	700	/055	7 ,	1-2
NO			Me	ler 1	11. 10	en their	re-	arroll	Many
	TH [Enter only one cause per l	ne for (a), (b), and (c)		1/	1	) 10		INTERVAL I	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	cult con	Geslew	5 NEL	24	* acle	ure,	15	day
1443X	DUE TO /	1	1,						1
Conditions, if on	y, which ) (b)	1164214,	11100					90	uni
gave rise to in couse (a), sloting t		There		242	14.				1
lying cause last.	(c)								V
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINA	L DISEASE C	ONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
YE	Channin	410 0000	0 /	1011	2	1.0			ORMED?
20g. ACCIDENT WAS	S UNDERLYING T 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	f injury in Part	1 or Port II	of item 1B.)		1	J
OR CONTRIBUTING	CAUSE OF DEATH								
20c. TIME OF INJURY Hour o. m.			PLACE OF INJURY f	Home, form,	20f. (City or	town)	(Co	iunty)	(State)
p. m.	19 While of wor	rk ot work		1					
21 I cartify the	at I stended the deceas	sed from TEA	1949	to au	6 5	105	7 that I la	st saw the	decease
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ACTUAL 1/2		20	x 2;	= 1/	10	t, city or town,	state)	_	A SIGNE
ACTUAL SIGNATURE	aucis ( &	Ruease	-M.D. 53/	5-16	The S	h n	State)	4.5	PATE SIGNE
SIGNATURE Y	Francis T. C	oleman	_m.o. 53j	5-16	ZR S	th n	D. S	,C, 5	ATE SIGNE
PHYSICIAN'S NAME (Type)	J. 22b. DATE THEREOF	oleman 22c. NAME OF CEMETERY	M.D. 531	5-16	th S	IN (City, tawn,	2	,C, 5	DATE SIGNE
PHYSICIAN'S NAME (Type)	J. 22b. DATE THEREOF	22c. NAME OF CEMETERY		5-/6	TR S	IN (City, town,	or county)	,C, 5	pu:
PHYSICIAN'S NAME (Type)	22b. DATE THEREOF	22c. NAME OF CEMETERY Mt.Olivet		5-/6 y   <sup>22</sup>	JR S	IN (City, town,	or county)	(SI	pu:

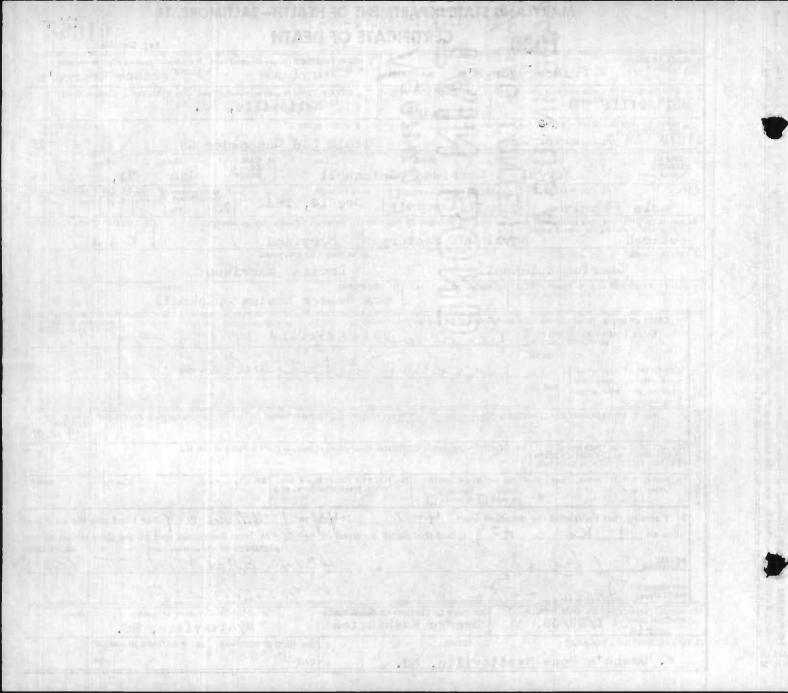
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be uslacked far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

neral director, be filed with

(5)	No. of Street,	ST. E.			
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d. NAME OF HOSP OR INSTITUTION 11815 Old	Gunpowder I	Rd	dress)		d. STREET ADD		powd	er Rd			e. IS RES ON A YES	FARM'
3. NAME OF DECEASED (Type or print)	Norva]		Midd Harrison		lost cknall	4.	DATE OF DEATH	Jan		21,	•	reor
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oo. USUAL OCCUPAT during most of wo retired	ON (Give kind of work de rking life, even if retired)	Naval	Gun Fac	or industrictory	RY 11. BIRTHPLAC	E (Stote or fo	reign cour	ntry)		J S	F WHAT	COUN
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VS A15 (4) 15M 9/5S

	MARY	LAND ST		RTMEN	T OF HEA		LTIMORE	, 18	010	63
	106	0	CERTI	FICATI	E OF DEA	ATH		Reg. Dis	it. No.	
1. PLACE OF DEATH O. COUNTY	NCE GO	EORGE	MARY	LAND 2.	USUAL RESIDENCE	E (Where deceos	ed lived. If inst b. COU		ce before admissi	ion) ElD
B. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	its, write c.	LENGTH OF STAY	IN 1b	C. CITY OR TOWN	N (If outside corp	oorote limits, wr	RURAL ond g	give nearest town	)
d. NAME OF HOSP OR INSTITUTION HNDREW	ITAL (If not in hospital,	give street oddr	ress)		d. STREET ADDR		T Roy	AL RO		IDENCE FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle		Lost STEINK	4. DATE OF DEATH		Month VUALY		Yeor 1959
5. SEX MA/C	6. COLOR OR RACE	7. MARRIED		-	ATE OF BIRTH	,1917	9. AGE (In ye lost birthde		Days Hours	R 24 HRS. Min.
during may of wo	ION (Give kind of work rking life, even if retired OT	done 10b. KIN		OR INDUSTRY	TENA	(State or foreign		12. CIT	USA	COUNTRY
13. FATHER'S NAME	2L W 5	TEINK	KAMP		ELVI	1	F15	hen		
15. WAS DECEASED EV (Yes, no or unknown)	ER IN U. S. ARMED FOI	RCES? 16. SOC service) 408	12-12-324	1 1.1	2 Mine	STEINK	AMP - S	Address AMC 16	¥ 2.	
The second second second	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (co	· Ca	or (o), (b), and (c).		rest	_			INTERVAL BE ONSET AND	DEATH
Conditions, if gove rise to	immediate (	6) B	serphe	na	+ se	ngery	/			7
lying couse lost	the under-	, Th	inviel	ad	enme	a.				
CATIO	THER SIGNIFICANT CON		TRIBUTING TO DE	ATH BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION	GIVEN IN PAR	PERFO	AUTOPSY ORMED?
OR CONTRIBUTION	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIB	E HOW INJURY O	CCURRED. (E	nter noture of inju	ury in Port I or Po	ort II of item 1B	.)		
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJUI While of work	Not while of work		OF INJURY (Home street, office bld		ty or town)	(0	County)	(Stote)
21. I certify t	hat I attended the	deceased, 19 50		death oc	_, 19_ <i>18</i> , to				last saw the	
ACTUAL SIGNATURE	elward	4.	ban A	my.o.		SAF Ho.	Street, city or to	AMOSE	7459 01 75	ATE SIGNE
PHYSICIAN'S E	DWARD H.	VASI	VUES CH	PEUSA	-(MD)	ANDREW.	SAFB	WASA	6.25-0	r.c.
220. BURJAY CREMATI REMOVAL Specif	11 1 01	0F 27	Cc. NAME OF CEM	ETERY OR CR	EMATORY	Men 100	ATION (City. to	7	SSEE.	e)
23. FUNERAL DIRECTO	R'S SIGNATURE	IE, 816	ADDRESS H. ST., N. E	, Wasi		REC'D BY REGI	STRAR 24b. 159	REGISTRAR'S SIG	NATURE Track	

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### FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificitie, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be founded from PMS. Page 5 may be retained for It files.

TO FUNERAL DIVING OR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Book preafilm, or its designated agent, prior to buriol, cremation, or remayol, and in any event within 72 hours after death.

4 should be for TO FUNERAL DIKE

VS. ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01064

	103:					Reg. Dist.	No.
PLACE OF DEATH	Prince Georges	MARYEAND	2. USUAL RESIDENCE 0. STATE Mar	E (Where decease yland	d lived. If institu b. COUNT		
and give nearest town	outside corporale fimils, write RURAL  Verdale	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate)	orote limits, write	RURAL and gi	ve necrest lown)
	AL OR INSTITUTION (If not in he emorial Hospital	ospital, give street address)	d. STREET ADDRES		Gravel	Co	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ludie	Middle	ringfield	4. DATE OF DEATH	Jan		19 <b>59</b>
5. SEX Male	6. COLOR OR RACE 7- MARE	ED DIVORCED .	2-2- 98		9. AGE (In years lost birthday) 60 yrs.	Months Day	the state of the s
100. USUAL OCCUPATION OF WORKING MOST WATCH	DN (Give kind of work dane 10b. g life, even if retired) hman	KIND OF BUSINESS OR INDUSTRI Sand and Grave]	The second second		untry)	,	OF WHAT COUNTRY
13. FATHER'S NAME  Eddie S	stringfield		HANNAI	h Sml	44		
15. WAS DECEASED EV	lif yes give wor or dotes of service)		mnie Strin	gfield;	Rt. 1 Be	ox 180,	Laurel, Mo
Conditions, if a gave rise to immed (a), stating the cause last.  PART II. OTHER	diate cause DUE TO (c).	Lying out in  Reason unknown contributing to death but n	OWI	RMINAL DISEASE	CONDITION GIV	VEN IN PART 1(	o) 19. WAS AUTOPSY PERFORMED? YES NO O
PART II, OTH	USE WAS NTRIBUTING (1)	BE HOW INJURY OCCURRED. (E	nter noture of injury in	Part I or Part II o	of item 18.)		113 2 100
20c. TIME OF INJUI Hour a. m. p. m.	7 0 FO Whi		CE OF INJURY (Home, fory, street, office bldg., ce of Emplo	elc.)	ar lown)	Pr. G	
opinion death		remains described above causes , Accident	Suicide ,  M.D. CHIEF MEDICAL  ASSISTANT MEE	psy <b>(E)</b> , In: Homicide			ond in my
270 SURIA), CREMATIO REMOVAL (Specily)		7Mt Zuis	r Church	1 Fa	ON (City, town.		Stema
Hemy S.	Washington	467 Not. 7	7. W. 240. RI	EC'D BY REGISTR		STRAR'S SIGNA	1/

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 tem 8 FilmG239 2-24-59 et CERTIFICATE OF DEATH

01065

976	CERTIFICA	ATE OF DEATH	Reg. Dist. N	No.
1. PLACE OF DEATH O. SOUNTY TO SEE ORGE	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	sed lived. If institution: Residence be b. EQUNTY	efore admission)
b. CITY OR TOWN (If outside corporate limits, wing RURAL and give negrest lown)	5 ms	c. CITY OR TOWN (If outside con	porote limits, write RURAL and give	nearew/lown)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet oddress)	13105 anun	dal Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Last 4. DATE OF DEAT	2 / .	Doy Yeor 1259
FEMALE WHITE WIL	DOWED DIVORCED	B. DATE OF BIRTH 1887	last birthdoy) Manths Doy	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	106. KIND OF BUSINESS OR INDUS	Callattsburg	Kentucky M	S. A.
7 Ferman Perisl	)	14 MOTHER'S MAIDEN NAME & T3	rint &	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. 11	vert P Leda	- net Rainie	n mel
1B. CAUSE OF DEATH (Enter only one cause p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	· luorus	i o	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)				
gove rise to immediate couse (a), stating the underlying couse lost.				
PART II. OTHER SIGNIFICANT CONDITION  LE CONTRIBUTING CAUSE OF DEATH  OF LITHER NOTIFY MEDICAL EXAMINER)	crosin; rhe	make Keart	deserge	19. WAS AUTOPSY PERFORMED? YES NO 1
		D. (Enter nature af injury in Part I ar P		
Hour o. m.	Od. INJURY OCCURRED 20e. PL/hile Not while of work	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ity or town) (Count	ly) (Stote)
21. I certify that I attended the dec	eased from the	accurred at 12 M, fr	19 Gihat I last om the causes and on the c	saw the deceased
ACTUAL SIGNATURE STORM (	Hossquen		(Street, city or town grote)	DATE SIGNED
PHYSICIAN'S IRVIN W. GK	ASS GREEN, W	D hut. K	ainer /	lud
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1-16-59	22c. NAME OF CEMETERY OF	crematory 22d. LOC	ATION (City, town, or county)	State
23. FUNERAL DIRECTOR'S SIGNATURES CO	1400 Chapin	ST MD DATE JAN 1 6	STRAR 246. REGISTRAR'S SIGNAT 159 arthur 8. H	

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		MARY		STATE DEPA	<b>ARTM</b>	<b>ENT OF H</b>	EALTH	I-BALTIM	ORE, 1	8		111	167
		103	2	CERT	IFIC/	ATE OF D	EATH	4		Reg. Dist	. No.	-	
1.	PLACE OF DEATH	eorge		MAR	YLAND	2. USUAL RESIL	ence (wi	nere deceased lived	. If institution b. COUNTY	n: Residence			
	RURAL ond give	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY	Y IN 1b		OWN (If a	outside corporate lii	mits, write Rl				
1	OR INSTITUTION	PITAL (If not in hospital, s V		oddress)		/d. STREET A		everly Av	e.		e		FARM?
	NAME OF DECEASED (Type or print)	Betty Fi			· Tay				n 3 Mont	h	Day		Year 9 .
5.	SFemale .	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARR		8. DATE OF BIRTH	7, 1	901 9. AG	E (In years birthdoy) 57 yrs	IF UNDER 1 Months [	YEAR I	Hours	R 24 HRS Min.
	Hous	ION (Give kind of work prking life, even if retired ewife	)	kind of Business own home	OR INDU		ACE (Stote	or foreign country)			S A		COUNTR
13.	FATHER'S NAME	9.0				14. MOTHER'S							
10		eorge C Ros				Ada M	. He	nry					
15.	WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	none		nformant a M. Ros	s	Cheverly	, Md.	ess			
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Cancer		a e	rvix				INTER ONSE	T AND	TWEEN
	Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	)										
CATION	PART II. O	THER SIGNIFICANT CON		CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	IDITION GIV	EN IN PART	1(0) 19	PERFO	AUTOPSY PRMED?
CERTIFI	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRE	D. (Enter noture o	injury in I	Port I or Port II of	item 18.)				
M.EDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	20d. I While of wor	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (I ctory, street, office	lome, form bldg., etc	, 20f. (City or to	wn)	(Co	ounty)		(Stote
	actual SIGNATURE PHYSICIAN'S	that I attended the	12_	and tha	t death	occurred at	12:05 Gall	M, fram the	Causes a	nd an th	e date	e state	deceas
	BURIAL, CREMATI REMOVAL (Specification)	Dr. Aaron ON, 226. DATE THEREO 1 1/6/59		22c. NAME OF CEN Fort Lin		R CREMATORY		22d. LOCATION (	City, town, a			(Stote	e)
-	FUNERAL DIRECTO	r's signature ch's Sons	Hyat	ADDRESS tsville,	Md.		24a. REC'	D BY REGISTRAR		TRAR'S SIGN			

VS A15 (4) 15M 10/57

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Littoria in march 1		
•	les la principal	med an descript
Christian College Sales Sales		

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

YES NO D

Year

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Reg. Dist. No.

b. COUNTY

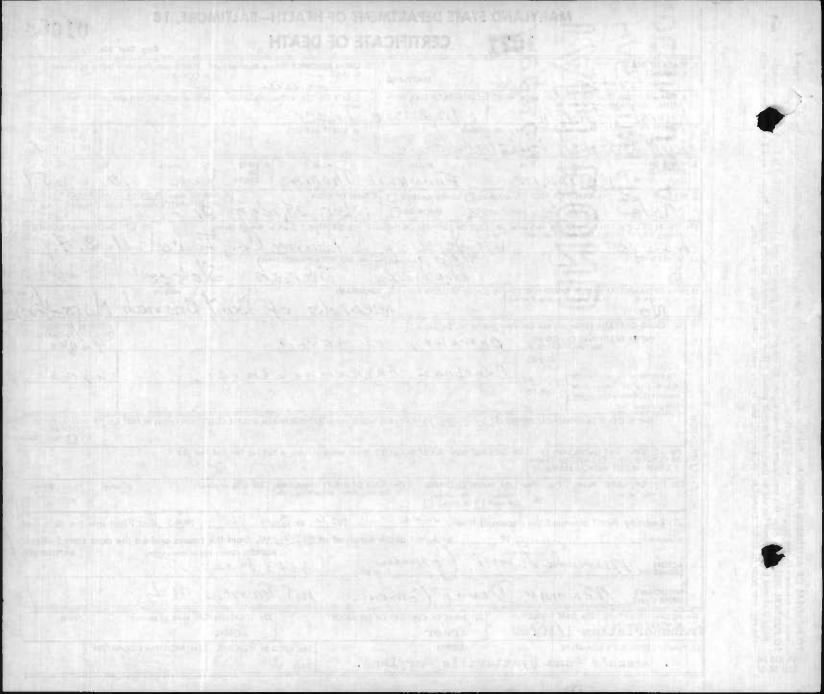
AGE (In years

4. DATE

OF DEATH

15M 10/57

Months 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH PERFORMED? YES NO PA-20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) to Jan 10 ... 1959, that I last saw the deceased and that death accurred at 4:22 AM, from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Iowa 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JAN 1 3 '59



HEALTH DEPT. 00

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed at the funeral director. Page 5 may be retained for a files.

TO FUNERAL DIR. 3R: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boot Health, are its designated tiggent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01069 Reg. Dist. No.

	b. CITY OR TOWN (It autitide corporate limits, write RURAL or LENGTH OF STAY IN 1b and give nearest lown)			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George						
/					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Bradbury "eights					
	Bradbury Heights 18 yrs			11/		stants	27-125-16			
0			ter Avenue	hospital, give street address)	d. STREET ADD		r Avenue		ON A	FARM2
	- 1	NAME OF DECEASED (Type or print)	First Maggie	Middle Th	ompson	4. DATE OF DEATH	Januar	00		50
	5. S	Female		RRIED NEVER MARRIED			9. AGE (in years last birthday)  yrs.	IFUNDER TYEA Months Days	R IF UNDER	
1	d	USUAL OCCUPATION Moring Most of working None	N (Give kind of work dane 10kg life, even if retired)	, KIND OF BUSINESS OR INDU			Columb:	12. CITIZEN	S. A	
1	13.	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
/			Unknown		Towns I	Unknow	'n			
			R IN U. S. ARMED FORCES? (If yes, give war or dotes of zervice)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
6	CATION	Canditions, if ar gave rise to immed (a), stating the u cause last.	DUE TO  (c)  DUE TO  (c)	Cardiovascu	lar rena	l disea			PERFOR	JTOPSY
15	CERTIFICATION	20g. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	SE WAS TRIBUTING [] 20b. DESCR	RIBE HOW INJURY OCCURRED.	(Enter nature at injury	in Part I or Part II	of Item IB.)			
10	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	W	d. INJURY OCCURRED 20e. PL hile Not while for work of work	ACE OF INJURY (Hon ctory, street, office blo	ne, form, 20f. (Citing., etc.)	y or lawn)	(County)		(Slate)
2		21. I certify th	at I took charge of the	e remains described ab	ove, held an A	utopsy . I	nspection 3	Inquiry [-	, and	in my
_	opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner								ALED.	
0		SIGNATURE	www.	17 00	M.D.	ICAL EXAMINER			DATE SIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7		EXAMINER'S NAME (Type)	James I. Bo	ød	/	MEDICAL EXAMINER	T	anuary	30,	1959
U	220	Removal	1/30/59	22c. NAME OF CEMETERY O	R CREMATORY	Bal	Tongin him timore	qton,	(State) Md.	DC
		FUNERAL DIRECTOR	1 1011111	S ADDRESS Was	h., D.C, 24	o. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNATU	JRE	
	(1	.tcnle Br	osUpper Ma	artboro, Md.	D.	ATE SEE 5	59	Sun S. Han	ud	

The rest of the second of the

01070

Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Waryland b. COUNPrince George MARYLAND b. CITY OR TOWN (I outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURACINE THE TOWN) 2Davs Cedar Heights d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE orPrince George General Hospital ON A FARM? 904 64th Ave. YES NO NAME OF First Middle 4. DATE Jan. 15 Day Yeo 59 Thompson Mary DECEASED (Type or print) DEATH 19 9. AGE (In years last birthdoy) 85 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Apr. 1, 1873 IF UNDER I YEAR IF UNDER 24 HRS Female Colored Months Hours Min. WIDOWED DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreignscountry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED FVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o) Th), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work and that death accurred at 9:254.M, from the causes and on the date stated above. olive an\_Jan ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 22d. LOCATION Kits lown, (Stote) REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthung & Krouns

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			Marie Fadga
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25-1147		During	- when
			Part Carrier of the C
	Hard In 1882 Commission		
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STA	ATE DEPARTME	NT OF HEALTH-	BALTIMORE, 18	01072
1034	CERTIFICA	TE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY  Prince Georges Count b. CITY OR TOWN (if outside corporate limits, write   c. te	MARYLAND	o. STATE	e deceased lived. If institution b. COUNTY and ide corporate limits, write RUI	
RURAL and give nearest town)  Cheverly  d. NAME OF HOSPITAL (IPnot in hospital, give street address OR INSTITUTION	.,6 Hours		ork /	5.17. 2  e. IS RESIDENCE ON A FARM?
Prince Georges General I  3. NAME OF First (Type or print)  William	Middle	7317 Coc Lost Trussell	DATE Month OF DEATH	Day Yeor
WIDOWED 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	DIVORCED OF BUSINESS OR INDUSTI	June 7, 1885	9. AGE (In years I lost birthdoy) yrs.	Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  U. S. A.
Farmer & Coca-Cola Employee 13. FATHERS NAME Hubert H. Trussell	Same	Virginia 14. MOTHER'S MAIDEN NAI Fanny Mae	ME	0. D. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no. or unknown) (II yes. give wor or dotes of service) 21.4		ormant s. Ruth H. Ge	Addresiman, 7317 Ced	lar Ave. T.P., Md.
PART I. DEATH WAS CAUSED BY:    DUE TO	tet. O	struct of	un to add	onset and death of
OR CONTRIBUTING  CAUSE OF DEATH		OT RELATED TO THE TERMINA		N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES YOU
20c. TIME OF INJURY Month, Day, Year 20d. INJURY	Not while tocto	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or town)	(County) (Stole)
REMOVAL (Specify)	, and that death of	3717 38th Av		1-3/-5.
Bureal 115-1,1959 2	elsburg, Clmu ADDRESS V	240. REC'D I	O/	RAR'S SIGNATURE

VS A15 (4) 15M 10/57

CRETIFIE A LEON DEATH A STATE OF THE STA 3900 0 Parallel in the second and the second in the Links of the province The late a special with a strain and the late of the l The second secon The state of the s

### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for each for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa Health, at its designated agent, prior to burial, cremation, ar removal, and in any prefit within 72 hours offer death.

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	40.00	TAGE T TIM	95 77 2-20-17	6.6		Keg. Dist. 140	•
1. PLACE OF DEATH o. COUNTY	Prince George	S MARYLA	2. USUAL RESIDENCE		d lived. If institut		ore admission)
and give nearest town	t outside corporate limits, write RUI	c. LENGTH OF STAY IN  Trabsient		If outside corpo		RURAL ond give ne	oresi town)
	AL OR INSTITUTION (II no	ot in hospital, give street address)	d. STREET ADDRESS		Unknown	ital	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Doug1	Middle	Thweatt	4. DATE OF DEATH	Month Januar	Doy	Yeor 19 <b>59</b>
5. SEX male	100 h h d a a a h	MARRIED NEVER MARRIED E	8. DATE OF BIRTH Nov 25, 190		P. AGE (In years lost birthday).		IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during most of working Labore	ng life, even /ed)	10b. KIND OF BUSINESS OR INI		e or foreign co	untry)		WHAT COUNTRY
13. FATHER'S NAME	avid Thweat	t	14. MOTHER'S MAIDEN Bertha		S		
15, WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE (II yee, give war ar dates al rervie	S? 16. SOCIAL SECURITY NO.	Alvenia Ellis		O Mead S		
Conditions, if o gove rise to immer (a), slating the cause lost.  PART II, OTI	diate couse DUE TO (c)		thrombosis atheroscleros		CONDITION GIVE		PERFORMED?
PART II, OTH	NTRIBUTING [	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ert I or Port II o	f item 18.)	1	ES NO
20c. TIME OF INJUST OF INJ	RY Month, Day, Year	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for factory, street, office bldg., et	rm, 20f. (City o	or town)	(County)	(Stote)
Marie Contract of the Contract	resulted from: Not	the remains described of the remains described of the starting		Homicide	, Undeter	Inquiry X,	DATE SIGNED
220. BURIAL, CREMATIC RUMBYAL (Specify)	N. 226. DATE THEREOF	loney, M.D.	OR CREMATORY WICH		ON (City, town, or	uary 2/1,	1959 (Stote)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTR	AR 24b. REGIS	110	

MARYLAND STATE DEPARTMENTS OF HEALTH SALTBROWN TO

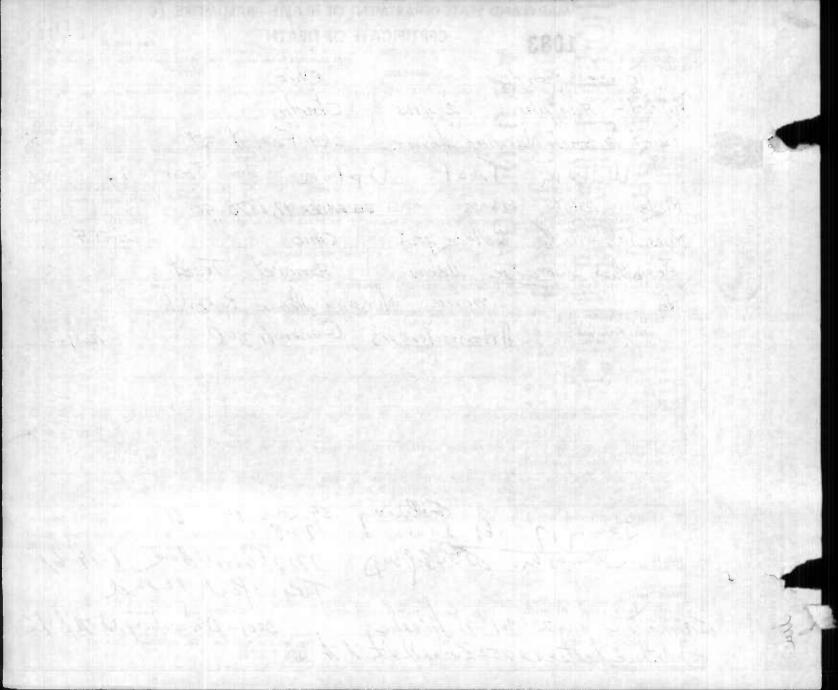
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 1023

(1071 Reg. Dist. No.

o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence o. STATE b. COUNTY	e before admission)
CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If nat in bospital, give street address)	d. STREET ADDRESS 221 Forcest 5%.	e. IS RESIDENCE ON A FARM? YES NO P
NAME OF DECEASED (Type or print) William Treat	DEATH JEN, 1	9 196/
SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	D. DATE OF BIRTH	YEAR IF UNDER 24 HRS. Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during most of working life eyen if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
MUJCIEN - M. II. College prof.	14. MOTHER'S MAIDEN NAME	, 0,77
constitue Spradue Motor	Amoret Treat	
S. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO.  (If yes, give war or dotes of service)	INFORMANT Address	
740	ursing Home records	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying couse last.	is Generalized	ONSET AND DEATH
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  30g. CONTRIBUTING CAUSE OF DEATH  40g. CONTRIBUTING CAUSE  40g. CAUSE OF DEATH  40g. CAUSE	RED. (Enter nature of injury in Part I ar Part II af item 18.)	
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (C factory, street, office bldg., etc.)	ounty) (Slote
21. I certify that I attended the deceased fram Color alive an January 17., 19.61., and that dea	1 19.00P	at saw the deceased
ACTUAL SIGNATURE SIGNATURE SIGNATURE	1217 Carroll Hore	1-19-61
PHYSICIAN'S NAME (Type)	Takomafail /2 Me	l
20. BURIAL, CAMATION, 224. DATE THEREOF 20c. NAME OF CEMETERY REMOVAL SPECIFY 2017 TO 1961 If Lineary	OR CREMATORY 22d. LOCATION SCIP, Jown, or county)  3201- Blesseeweeg,	Rd. T. E. De
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1. 1. 1 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIC Chilung S. Kin	



# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please received the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page' in

VS. A15ME

5M 2/57

1 5 OR STATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1035  Reg. Dist. No.
ALTH DEPT.	1. PLACE OF DEATH O. COUNTY Prince Georges  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland  D. COUNTY Pr. Geo.  C. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
M )	Cheverly 3 hr. 25 East Riverdale
200 77	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Prince Georges General Hospital  5604 56th Avenue  o. 15 RESIDENCE ON A FARMS
he State er death.	3. NAME OF DECEASED Lost Lost OF DECEASED Lost Lawrence Vennerdrow Death January 21, 19 59
with the state of	5. SEX Male  Married Never Married B. Date Of Birth  Months  M
Poge S and 2	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Accountant  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  US Dept. Agriculture  Tllanois  12. CITIZEN OF WHAT COUNTRY  U. S. A.
PM3.	13. FATHER'S NAME  Lewis Vennerdrow  14. MOTHER'S MAIDEN NAME  Unknown
mit. File p in any ever	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. er unknown] [If yes, give war or dates of service] [Yes, no. er unknown] [If yes, give war or dates of service] [Yes, no. er unknown] [If yes, give war or dates of service] [Yes, no. er unknown] [If yes, give war or dates of service] [Yes, no. er unknown] [If yes, give war or dates of service] [Yes, no. er unknown] [Y
iner's Office alang a burial-transil per a, ar removal, and i	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   Hemorrhage and shock
Medical Examines d be used as a b ial, cremation, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enfor noture of injury in Port 1 or Part II of Item 18.)  A pedestrian; struck by an automobile.
Chief Me 3 should l or to buriol	A pedestrian; struck by an automobile.    Struck by an automobile   Cause of Death.   20c. Time of Injury   Month, Doy, Year   20d. Injury Occurred   20e. Place of Injury (Home, form.   20f. (City or lown)   (County)   (State)   20c. Time of Injury   1-21-   19 59   19 59   19 19 19 19 19 19 19 19 19 19 19 19 19
d to the the state of agent, princed	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection _K, Inquiry and in m opinion death resulted fram: Natural causes, Accident _K, Suicide, Hamicide, Undetermined manner
ERAL DIRL	EXAMINER'S NAME (Type)  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  Deputy Medical Examiner  January 22, 1959
4 should O FUNER. or its des	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial  22c. NAME OF CEMETERY OR CREMATORY  Arlington, Virginia  (Stole)  Arlington, Virginia
15ME	23. FUNERAL DIRECTOR'S SIGNATURE W.W.Chambers Company, Riverdale, Md.

DATE AN 2 6 '59

200013100 HITATIONO STADPINED STADPINED LINDIN abreto, Mille Ales Indicada Decirco servano escito M-Ar-To Davos Comment 932in p. 92in The same of the property of the same of th which the state of pairle land domain committee of the committee of the land land. .efrde este mi un marce : column es a de de Dispersion of the second secon COLL SE WEREES Marie Control of the THE SHIP STATE OF THE STATE OF THE SALE 

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
97	CERTIFICATE OF DEATH	
011	CERTIFICATE OF DEATH	Reg. Dist. No.

01074

Towns   Town		
Chillum  d. NAME OF HOSPITAL (if not in hospital, give street oddress)  d. STREET ADDRESS  SRINGTH (if not in hospital, give street oddress)  NAME OF HOSPITAL (if not in hospital, give street oddress)  NAME OF STREET ADDRESS  SRINGTH (if not in hospital, give street oddress)  NAME OF GRAPH	O. COUNTY PRINCE LECTOR MARYLAND	o. STATE M
OR INSTITUTION  11 Home 11  12 SAMA OF BEETS  13 NAME OF BEETS  14 DATE  15 Day  15 Day  16 DEATH  15 Day  16 DEATH  15 Day  17 DOS  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  19 59  10 DEATH  10 LOUND OF PRINTY  11 LOUND OF PRINTY  12 LOUND OF PRINTY  12 LOUND OF PRINTY  13 LOUND OF PRINTY  14 LOUND OF PRINTY  15 LOUND OF PRINTY  16 LOUND OF PRINTY  17 LOUND OF PRINTY  18 LOUND OF PRINTY  18 LOUND OF PRINTY  19 LOUND OF PRINTY  19 LOUND OF PRINTY  10 LOUND OF PRINTY  11 LOUND OF PRINTY  12 LOUND OF PRINTY  12 LOUND OF PRINTY  13 LOUND OF PRINTY  14 LOUND OF PRINTY  15 LOUND OF PRINTY  16 LOUND OF PRINTY  16 LOUND OF PRINTY  17 LOUND OF PRINTY  18 LOUND OF PRINTY  18 LOUND OF PRINTY  18 LOUND OF PRINTY  19 LOUND OF PRINTY  19 LOUND OF PRINTY  10 LOUND OF PRINTY  10 LOUND OF PRINTY  10 LOUND OF PRINTY  10 LOUND OF PRINTY	RURAL ond give neorest town) \\	
DECEASED IN TITLE.  MAY  WATERS  DEAN  Jan.  15. 19.59  SEA  A COLOR OR RACE  TAMARRIED NEVER MARRIED DID NORGED DIN NORGED DID NORGED DID NORGED DID NORGED DID NORGED DID NORGED D	OR INSTITUTION	ONLA FARMS
Temale	DECEASED LIAMPITE MAY	
HOUSEWITE  13. FATHER'S NAME  Edmund. Allen. Waters  15. WAS DECASEDEVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. INFORMANT  FART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  Conditions, if any, which gove rise to immediate your rise to immediate to the first pring cousts to the course to the first pring course to the course to the course to the first pring course to the course to the course to the first pring course to the course of injury in Part II of Part II of II feet mile.)  20. ACCIDENT WAS UNDERLYING DOBATH (FIFTED FORCE)  17. IN COUNTRY MOOTH, Doy, Year Down II for work of work of work of work of work of work of work.  21. I certify that Lightended the deceased from ADVENT OF PART II of II feet work.  22. I certify that Lightended the deceased from ADVENT OF PART II of II feet work.  23. FALLER OF DEATH (FIFTED FORCE)  PHYSICIAN'S MORES (Fired, city or town) (Country) (Stote)  PHYSICIAN'S MORES (Fired, city or town) (Country) (Stote)  PHYSICIAN'S MORES (Fired, city or town, stote) DATE SIGNATURE  PHYSICIAN'S MORES (Fired, city or town, stote) DATE SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR SIGNATURE  240. REC'D BY REGISTRAR SIGNATURE  240. REC'D BY REGISTRAR SIGNATURE	Female White WIDOWED TO DIVORCED	April. 1.1872 86 yr.
Edmund . Allen. Waters  Thompson  15. WAS DECEASEDEVER IN U. S. ARMOED FORCES? I. 6. SOCIAL SECURITY NO. 17. INFORMANT Address  Emmet. R. Waters. 5815. Chillum. Gate. Rd  18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY. PLAND OF AND MARY EDEMA ONSET AND DEATH SHOULD BE TO Conditions, if any, which gover rise to immediate couse (o). Lining the under couse (o). ARTERIOSCLERGISTY (ORGNARY INSUE). YEARS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES IN NO. 200. ACCIDENT WAS UNDERLYING. (County) (Shorle) work in the under country of the under coun	Housewife	Maryland U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   24 to Rd   25		
18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (6)	(Yes, no. gruphnown)	met.R.Waters.5815.Chillum.Gate.Rd
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the last saw the deceased from alive on 15 AM-, 1959, that I last saw the deceased alive on 15 AM-, 1959, and that death occurred at 250 BM, from the causes and on the dote stated above.  ACTUAL SIGNATURE HELLY R. World M.D. 905 SHERLIDAY ST. HARD. (1975)  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  ADDRESS (Street, city or lown, state)  221. I certify that I attended the deceased from 1 AM-, 1959, that I last saw the deceased above. ADDRESS (Street, city or lown, state)  ADDRESS (Street, city or lown, state)  DATE SIGNED  ADDRESS (Street, city or lown, state)  DATE SIGNED  220. BURIAL, CREMATION, 22b. DATE THEREOF (Stote)  ADDRESS (Street, city or lown, or county)  (Stote)  220. BURIAL, CREMATION, 22b. DATE THEREOF (Stote)  ADDRESS (Street, city or lown, or county)  (Stote)  220. BURIAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.    AUNTE ANTE	RIGR 17 YOCARDIAL INFARCTOW 12 HOURS  SCLEROSIS + CORONARY INSUF. YEARS  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
21. I certify that I attended the deceased from IL IQ, 1957, to IT TAIX 1, 1959, that I last saw the deceased alive on ISTAN-, 1959, and that death occurred at 250 PM, from the causes and on the dote stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  HENCY R. W.D. 905 SHERIDAY ST. WAITS. (1975)  PHYSICIAN'S NAME (Type)  220. BURIAL (CREMATION   22b. DATE THEREOF REMOVAL (Specify)   22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)   22d. LOCATION (City, town, or county)   (Stote)   22d. REC'D BY REGISTRAR'S SIGNATURE  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   24c. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE		
alive on 15. JAM-, 19.52, and that death occurred at 2.50 pm, from the causes and on the dote stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 90.5 SHERIDAY ST. WATTS. (12)  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF (Stote)  REMOVAL (Specify)  17-59  22c. NAME OF CEMETERY OR CREMATORY (City, town, or county)  Stote)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN   Hour o. jt.   19   While   Not while   of work   at work	
REMOVAL (Specify) 1-17-59 Washington Nat. Suittles Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	actual SIGNATURE HELLY R. WOLL M.	occurred at 2:50 PM, from the causes and on the date stated above
To There are 3 There 200 411 at 31 T	REMOVAL (Specify) 1-17-59 Washing	CREMATORY 22d. LOCATION (City, town, or county) (Stote) En Pat, Swittens Md.
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fare do to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, ar removal, and in any exent within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01076 Reg. Dist. No.

1. PLACE OF DEATH	_				2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If institu		nce before	udmission)
h CITY OF TOWA	Prince Georg		MARY		Mai	ryland		Pr.	"eo.	
and give negrest t		# KUKAL	c. LENGTH OF STAY I	NIB	c. CITY OR TOWN (IF	outside corp	orate limits, write	RURAL and	give neare	i Jown)
	Cheverly		3½ days			nham				
P			hospital, give street address	)	d. STREET ADDRESS					ON A FARM?
	Georges Ger	eral	L Hospital		5004 W.	Lanha	m Drive		YE	S NO
3. NAME OF DECEASED (Type or print)	Willia		Amos Wea	ver	Lost	4. DATE OF DEATH	January		Day	Yeor 19 <b>59</b>
5. SEX mal e	6. COLOR OR RACE  white		RRIED TO NEVER MARRIED WED DIVORCED [		Oct 7, 1881		P. AGE (In years lost buthday)  yrs.	-	YEAR IF L	INDER 24 HRS
10a. USUAL OCCUPA during most of wor Retired	rking life, even if refired)	done 10	b. KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (Stote Virgin:		ountry)	U S		AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				_
Geo	rge A Weaver	•		1	Mary Ann	nandal	е			
15. WAS DECEASED	EVER IN U. S. ARMED FO		16. SOCIAL SECURITY NO.		FORMANT		Address			
	no			Eff	ie H Weaver	La	nham, Mar	yland		
Conditions, if gove rise to imperior to imperior to imperior the course lost.	nediate cause underlying DUE TO	)	Gas gangrene Fractured fe							
PART II. C	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		RFORMED?
	CAUSE WAS CONTRIBUTING   20 H.	b. DESC	Fall in h		ter noture al injury in Parl	I or Part 11	of item 18.)			
20c. TIME OF IN	JURY Month, Doy, Ye	or 20	d. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	20f. (City	or town)	(Cour	nty)	(State)
6.30	1-20-59 19		hile Not while work ot work		(cme		nham	Pr.	Geo.	Md.
21. I certify	that I taak charge h resulted from:	Naturo	e remains described al causes , Accid	abov	e, held an Autopsy	y , Indamicide	spection ,, Undeter	Inquiry mined m	anner [	and in my
	TION, 226. DATE THEREC		Ft Lincol			22d. LOCAT	ION (City, town, o	r county)		State)
23. FUNERAL DIRECT	OR'S SIGNATURE	E LITT	ADDRESS		240. REC'U	BY REGISTI	Censbur RAR 246. REGIS	TRAK'S SIGH	NATURE	
Lee Fun	eral Home	_ '	Washington	D.C	DATEAN	2 7 '59	Cont	wn & to	raud	

MATULANDS LATE SHEARING HE BRETH-BALLIMONE, 18

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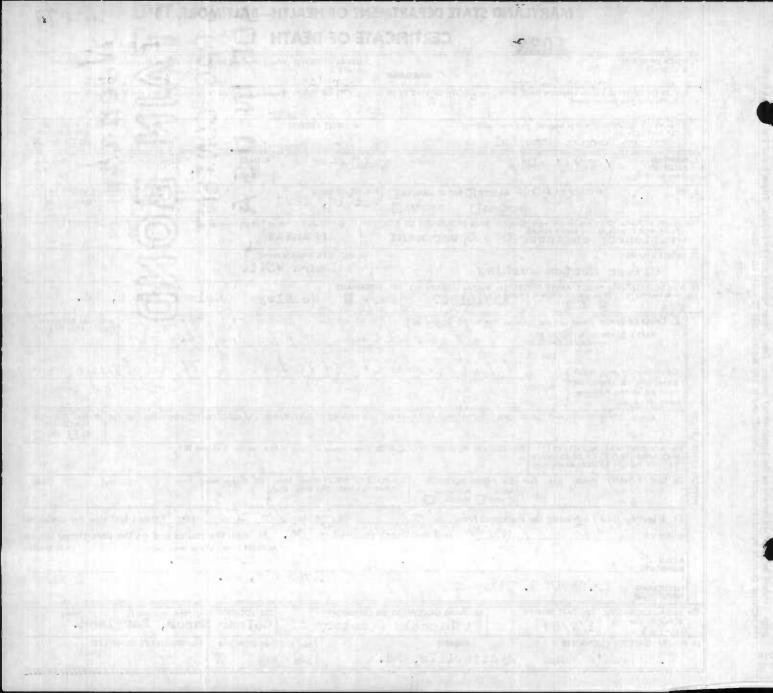
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1)	4	()	7	7	

11138	Reg. Dist. No.
Drince George MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Prince George
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Chaverly  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Prince George Hospital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \text{None No Park } \)  1208 None Red
3. NAME OF DECEASED WEEKIEF James Hiddle (Type or print)	Weekley Lost 4. DATE OF Jan. Month 9 Year 59
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Oct 10, 1892   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Stationery engineer US Government	
3. FATHER'S NAME Oliver Morton Weekley	Laura White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes no. or unknown)   (If yes, give wor or dates of service)   225101567	Mary B Weekley Colmar Manor, Md.
18. CAUSE OF DEATH [Enter only one couse per line far (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	eleus arrhy Herren ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (b)  Outtor  (c)	Sch. 14h dis with old myo.
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	CURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	De. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  20f. (City or tawn) (County) (State)
SIGNATURE Cord . Cayman	eath accurred at 100. M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  Baltimore Ave.  Riverdale, Ma.
PHYSICIAN'S Dr. David S. Clayman	
Billiai	n Cemetery Colmar Manob, Maryland. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville,	Md. DATE EARS 9 159 Circling 2. Thank



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VS A15 (4) 1SM 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

1074 CERTIFICATE OF DEATH

N

01079 Reg. Dist. No.

1	Place of DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
) [	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bladensburg, Md.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bladensburg, Md.
3	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 51th Street	d. STREET ADDRESS 4305 51th Street  e. IS RESIDENCE ON A FARM? YES \( \sum \color \col
3	NAME OF DECEASED (Type or print) Annie Matilda Wol	mersley  4. DATE OF DEATH  Jan 2, 19 00 00 00 00 00 00 00 00 00 00 00 00 00
5	female  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White  WIDOWED 10 DIVORCED	8. DATE OF BIRTH Oct 6, 1874  9. AGE (In years to st. birthday) 84 yrs.  1874  9. AGE (In years to st. birthday) Months Days Hours Min.
E	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  FATHER'S NAME  Louis Allison  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Maryland USA  14. MOTHER'S MAIDEN NAME  Unknown
	(et. no. or unknown) . (If was give was as dates of service)	s Alfred Chroniger Bladensburg, Md.
O	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO N
MEDICAL CERTIFICATION		ED. (Enter noture of injury in Port I or Port II of item 18.)  LACE OF INJURY (Home, form, ctory, street, office bldg., etc.)  20f. (City or town) (County) (Stote)
/	21. I certify that I attended the deceased from 1 2 olive on 1 2 , ond that death actual signature  PHYSICIAN'S NAME (Type) ARON DEITZ, M.D.	ADDRESS (Street, city or town, stote)  HYATTSVILLE MO.
	Burial, CREMATION, Page 1/6/59 Parlington N	
23	F. Gasch's Sons Hyattsville Maryl	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE JAN 7 '59 Cuthur S. Harris

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	CERTIFICATE OF DEATH	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01080

								Reg. Dist. N	10.	
1. PLACE OF DEATH o. COUNTY		<del>03.0</del>	MARYL	- 11	USUAL RESIDENCE (WE o. STATE Maryland	here deceased li	b_COUNTY	0		)
b. CITY OR TOWN (If outside corporate limits, write		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	outside corporat	Frince e limits, write RUI				
Cheverly	earest town)	The s	5 Days	0	Riverdale					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street d		1	d. STREET ADDRESS				e. IS RESIDE ON A FA	ARM?
	eorges Gene	ral			5401 Tay 1	or Pd.			YES N	10 [8]
NAME OF DECEASED (Type or print)	Firs Agns		Middle		Xydas	4. DATE OF DEATH	Month Jar	nuarv	Day Year	50
SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.0	ATE OF BIRTH	9.	1 . 1 . 1 . 1		AR IF UNDER 2	
Female	White	WIDOWE	D DIVORCED	0 3	/7/1890		68	Months Days	s Hours	Min.
o. USUAL OCCUPATION during most of wor Housewi.	ON (Give kind of wark d king life, even if retired) FO	one 10b. 1	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote		ntry)	U.S.	OF WHAT CO	OUNTR
B. FATHER'S NAME				1	4. MOTHER'S MAIDEN I	NAME				
Unknor	wn				Unknow	n				
5. WAS DECEASED EVE Yes. no. or unknown)	ER IN U. S. ARMED FORG (If yes, give war or dates of se		social security No.	17. INFO		- 540 Riv	l TayTo	ör Ros	ad Land	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTI	mmediate (	OITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE (	CONDITION GIVE	N IN PART 1(o		
PART II. OTI	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	Part I ar Part II	of item 18.)		PERFORM YES N	
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea	While	Nat while of work	factory	OF INJURY (Hame, farm, street, affice bldg., etc	n, 20f. (City of :.)	r town)	(Count	(y)	(State)
actual SIGNATURE PHYSICIAN'S	nat I attended the .5. 1959 Dr. John Ru	. 19	Sull	death ac	9, 19 de legar curred ot 4:551 401 Main Laurel, Md	ADDRESS (Street	the causes on	nd on the c	date stated	
220. BURIAL CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREO		22c. NAME OF CEMET				N (City, town, ar	- "	(Stote)	
Burial	1/8/59		Fort Lin	coln	Cemetery	Prir	ice Geor		County	M
The S. H	· Hines Co	ompa	ny-2901 1	8	St., N 240 REC'	N 8 '59	R 24b. REGIST	RAR'S SIGNAT		

VS A15 (4) 15M 10/57

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